

# DOMESTIC ABUSE IN LATER LIFE\*

## Types of Abuse

What are the forms of domestic abuse in later life? What tactics do perpetrators use? Understanding the forms of abuse helps criminal justice professionals identify potential crimes, such as assault or theft. Social service workers or advocates can learn what questions to ask to fully appreciate the victim's experience.

This paper will examine the forms of abuse identified by researchers. Since relatively little attention is paid to sexual abuse/assault or it is subsumed into other categories (see, for instance, Brownell, 1999 and Lithwick, 1999), this article will highlight it separately. Similarly, homicide/suicide is examined separately because while it is, by definition, the most lethal of types of domestic violence, it is not covered in any other broad studies of domestic abuse in later life.

In looking at research on types of abuse in later life, it is critical to understand that there is no consistent definition of abuse used by the studies. Not only did each study look at a different mixture of abuse types, but also those that studied the "same" abuse type often defined that abuse quite differently.

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: TYPES OF ABUSE

Eighteen articles published between 1988 and 1999 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)
-------------------------	------------------------------------	------------------------------	---

---

\*This series of articles 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.

♦ This article is one of a series of articles examining research on domestic abuse in later life. A link to the rest of the series can found after the conclusion.

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

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	Physical, psychological, financial abuse and neglect (one case of sexual abuse was counted as physical abuse)	<ul style="list-style-type: none"> <li>• 54% of cases involved psychological abuse (86)</li> <li>• 51% of cases involved financial abuse (86)</li> <li>• 28% of cases involved physical abuse (86)</li> <li>• 19% of cases involved neglect (86)</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>• 41% of incidents were psychological abuse (123)</li> <li>• 27% of incidents were financial abuse (123)</li> <li>• 25% of incidents were physical abuse (123)</li> <li>• 7% of incidents were neglect (123)</li> <li>• “Financial abuse was more likely to be committed by an adult child (37 instances) than a spouse (13 instances);...no other relationship between types of abuse and whether the perpetrator was an adult child or a spouse was found.” (124)</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 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"> <li>• Of cases perpetrated by a spouse: <ul style="list-style-type: none"> <li>○ 87% included psychological abuse;</li> <li>○ 13% included financial exploitation;</li> <li>○ 23% included neglect; and</li> <li>○ 31% included physical abuse. (103)</li> </ul> </li> <li>• Of cases perpetrated by an adult child: <ul style="list-style-type: none"> <li>○ 59% included psychological abuse;</li> <li>○ 59% included financial exploitation;</li> <li>○ 49% included neglect; and</li> <li>○ 13% included physical abuse. (103)</li> </ul> </li> <li>• Where there was physical abuse by spouse, it was always accompanied by psychological abuse. (102)</li> </ul>
Sanchez 1999	62 individuals age 60+, Mexican immigrants or self-identified as Mexican-American, who participated in community centers in	Physical abuse, neglect, financial abuse, and denial of shelter	<ul style="list-style-type: none"> <li>• Of the 20 respondents (33%) who knew of at least one incident of elder abuse in the Mexican American community, the types of mistreatment cited were: <ul style="list-style-type: none"> <li>○ 40.3% denial of shelter</li> <li>○ 22.6% neglect</li> <li>○ 12.9% financial abuse</li> <li>○ 11.3% physical abuse (72)</li> </ul> </li> </ul>

	Detroit, Michigan, and Carson City, Nevada.		
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>• 73.1% of the cases involved psychological abuse (13)</li> <li>• 39.2% of cases involved financial exploitation (13)</li> <li>• 30.8% of cases involved physical abuse (13)</li> </ul>
Anetzberger 1998	289 cases receiving protective services investigation in Cleveland from 1987 to 1995	Cases investigated by a Cleveland APS agency from 1987 to 1995, focusing particularly on psychological abuse and psychological neglect	<ul style="list-style-type: none"> <li>• 10% of the cases included psychological abuse or neglect. (146)</li> <li>• In cases where there was psychological abuse or neglect, additional forms of abuse were present 89.7% of the time, including (in 50.0% of the cases) physical neglect and (in 46.2% of the cases) exploitation. (146)</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>• Types of abuse substantiated by APS agencies: <ul style="list-style-type: none"> <li>○ 48.7% neglect (43.2% of perpetrators were adult children; 30.3% spouses)</li> <li>○ 35.4% emotional/psychological abuse (53.9% adult children; 12.6% spouses)</li> <li>○ 30.2% financial/material exploitation (60.4% adult children; 4.9% spouses)</li> <li>○ 25.6% physical abuse (48.6% adult children, 23.4% spouses)</li> <li>○ 3.6% abandonment (79.5% adult children, 6.4% spouses)</li> <li>○ 0.3% sexual abuse</li> <li>○ 1.4% other (pages 4-7, 4-28, and 4-29)</li> </ul> </li> </ul>
Otiniano 1998	24,648 Hispanic elders referred to the Texas APS system	Cases referred to APS	<ul style="list-style-type: none"> <li>• Caretaker neglect was present in 25.3% of cases. (194)</li> <li>• Abuse [undefined] was present in 16.2% of the cases. (194)</li> </ul>

	from 1991-1995		<ul style="list-style-type: none"> <li>• Exploitation was present in 11.4% of the cases. (194)</li> <li>• Self-neglect cases made up the remainder (47.1%). (194)</li> </ul>
Lachs, et al 1997 (a)	2,812 adults 65 and older from a stratified sample of residence types in Connecticut; 47 were substantiated cases of abuse, neglect, or exploitation by someone else	Elder abuse; neglect; exploitation. Self-neglect cases were excluded.	<ul style="list-style-type: none"> <li>• Of 47 cases: <ul style="list-style-type: none"> <li>○ 30 (64%) were neglect;</li> <li>○ 9 (19%) were abuse;</li> <li>○ 8 (17%) were exploitation. (471)</li> </ul> </li> </ul>
Le 1997	20 Vietnamese age 60+, living in a house headed by an adult child, at least somewhat dependent on child, in Southern California	Verbal, emotional, financial and physical abuse	<ul style="list-style-type: none"> <li>• Only one case of financial abuse and no cases of physical abuse was detected. (55)</li> <li>• There were 13 cases where the elder was encouraged to leave the house if unhappy; 10 cases of coercion to stay in the house; 9 cases of insult, 1 case of eviction without advance notice. Researcher classed all of these as verbal abuse. (55)</li> <li>• There were 5 cases of harassment by daughter-in-law; 14 cases of silent treatment; 9 cases of avoidance. Researcher classed all of these as emotional abuse. (55)</li> </ul>
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"> <li>• 61.9% of spouse, 31.4% of parent abuse was primarily physical. (329)</li> <li>• 23.8% of spouse, 31.4% of parent abuse was primarily psychological. (329)</li> <li>• 0% of spouse, 21.6% of parent abuse was primarily financial exploitation. (329)</li> <li>• 14.3% of spouse, 15.7% of parent abuse was primarily neglect. (329)</li> </ul>
Pittaway 1993	605 adults aged 55-100 who accessed health and social service	Physical abuse (including sexual abuse), chronic verbal aggression,	<ul style="list-style-type: none"> <li>• 20% reported actual or attempted material abuse. (87)</li> <li>• 14.3% of sample had been physically abused since turning 55. (84)</li> <li>• 14% of the sample had been chronically</li> </ul>

	organizations in London, Ontario during a 3-month period	material abuse (actual and attempted), and neglect (intentional and unintentional)	verbally abused. (84) <ul style="list-style-type: none"> <li>• 13.8% had been intentionally or unintentionally neglected. (89)</li> </ul>
Podnieks 1992 (a)	Random sample telephone survey of 2008 persons 65+ living in community settings in Canada	Physical abuse; neglect; psychological abuse; financial exploitation	Of the 2008 elders interviewed, <ul style="list-style-type: none"> <li>• 2.5% of elders materially abused (41)</li> <li>• 1.4% of elders chronically verbally abused (41)</li> <li>• .5% of elders physically abused (41)</li> <li>• .4% of elders neglected (41)</li> <li>• 19% of victims were victims of more than one type of abuse. (41)</li> </ul>
Podnieks 1992 (b)	42 elder abuse victims in Canada identified through Podnieks, 1992(a) study	See Podnieks, 1992(a)	Of the 42 elder abuse victims found from the random sample of 2008 persons, <ul style="list-style-type: none"> <li>• 57.1% were materially abused (50% of men, 61.5% of women). (70)</li> <li>• 18.0% were physically abused (25% of men, 15.4% of women). (70)</li> <li>• 16.7% were verbally abused (25% of men, 11.5% of women). (70)</li> <li>• 7.1% were neglected (0% of men, 11.5% of women). (70)</li> </ul>
Greenberg et al 1990	204 cases of abuse of person 60+ by adult child in Wisconsin	APS-substantiated cases of physical abuse, material abuse, and neglect	<ul style="list-style-type: none"> <li>• 39% of cases physical abuse (77)</li> <li>• 20% material abuse (77)</li> <li>• 21% neglect (77)</li> <li>• 20% multiple forms of abuse (77)</li> </ul>
Brown 1989	Random sample of 37 Southwest reservation-dwelling male and female Navajo aged 60+, and their family members; 22 cases of elder abuse found	5 types of neglect; 5 types of verbal/psychological abuse; 4 types of physical abuse; financial exploitation	<ul style="list-style-type: none"> <li>• 45.9% of sample neglected (24)</li> <li>• 21.6% psychologically abused (24)</li> <li>• 21.6% financially exploited (24)</li> <li>• 16.2% physically abused (24)</li> </ul>
Godkin, et al 1989	59 abused elders (60 years and older) compared to 49 non-abused elders,	Physical, psychological, and material abuse; active and passive	<ul style="list-style-type: none"> <li>• Types of abuse perpetrated: <ul style="list-style-type: none"> <li>○ 72.9% included psychological abuse;</li> <li>○ 57.7% involved neglect;</li> <li>○ 44% included physical abuse; and</li> <li>○ 39% included material abuse. (212)</li> </ul> </li> </ul>

	both served by a Massachusetts home care program	neglect by a caregiver	
Pillemer and Finkelhor 1988	Random sample of 2020 community dwelling people aged 65+ in Boston, Massachusetts; 63 cases of elder abuse found	Physical assault; psychological abuse; neglect	<ul style="list-style-type: none"> <li>• Rate of physical violence: 20 per 1,000 (53)</li> <li>• Rate of chronic verbal aggression: 11 per 1,000 (53)</li> <li>• Rate of neglect: 4 per 1,000 (53)</li> </ul>

### GENERALIZED FINDINGS: TYPES OF ABUSE

A noteworthy finding is that in every study that allowed cases to be recorded in more than one category, a significant proportion of cases involved more than one type of abuse. For instance, Podnieks (1992a) found that 19% of her victims were abused or neglected in more than one way, and Greenberg’s figure was 20% (1990). In Anetzberger’s study of psychological abuse, 89.7% of the time the psychological abuse was accompanied by other types of abuse (1998).

Two articles [(Podnieks 1992 (a) and (b) used the same database, and one article (Anetzberger 1998)] focused on cases that involved psychological abuse. Thus, there were 14 articles that compared the frequency with which different types of abuse occur. Six of these found that verbal/psychological abuse was the most prevalent type (Brownell, 1999; Crichton, 1999; Lithwick, 1999; Vladescu, 1999; Le, 1997; Godkin, 1989). Another four studies found that neglect was the most prevalent type of abuse (NCEA, 1998; Otiniano, 1998; Lachs, 1997a; and Brown, 1989). Three studies found that physical abuse was the most prevalent type of abuse (Wolf, 1997; Greenberg, 1990; Pillemer, 1988). One study found that “denial of shelter” was the most common type (Sanchez, 1999) and two said financial abuse was the most prevalent type (with the Pittaway study also counting “attempted” financial abuse) (Pittaway, 1993; Podnieks, 1992).

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 that type within their scope of research (Sanchez, 1999; Otiniano, 1998; Lachs, 1997a; Greenberg, 1990).

It is also important to note that most of the studies included all types of family abusers. In the studies that compared spouse abuse 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, 1999; Wolf, 1997). Crichton likewise found that adult children were the more likely financial abusers, although they did *not* find a difference in how often spouses and adult

children physically abuse (1999). In contrast, the NEAIS found that adult children were the more frequent abusers in all types of abuse cases (1998).

**ARTICLES REVIEWED: SEXUAL ABUSE**

Eight articles published between 1991 and 2002 were reviewed for this article.

<b>Author(s), Pub. Date</b>	<b>Sample size and demographics</b>	<b>Type(s) of abuse covered</b>	<b>Selected finding(s)</b> (page number/s in parentheses)
Acierno, et al 2002	U.S. National Women’s Study household probability sample of 4009 adult women randomly selected and interviewed by phone. Data used from women 18 –35 (n = 2669) and ages 55 – 89 (n = 549)	Physical assault and vaginal, anal, digital and oral sexual assault at any point in life	<ul style="list-style-type: none"> <li>• “Although older and younger women evidenced great differences in reported prevalence of ...[rape] (6.2% vs. 17.4%), they did not report that the characteristics of their assault were hugely different.” (691)</li> <li>• “Statistically similar proportions of both groups reported that they had seen the perpetrators before, that the event was one in a series, that they or the perpetrator or both were under the influence of a substance, that they actually experienced injury and that they reported the assault to authorities.” (691)</li> <li>• “The average age of first rape for both older and younger adult victims was about 14 years.” (690)</li> <li>• Authors speculate the reasons for differences in victimization rates between ages may include reporting bias (older women may not perceive coerced sexual contact as rape, may blame themselves for the rape, or may believe the rape was a personal, private matter) and cohort effects (younger women live in a more violent society). (693)</li> </ul>
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>• Of the 20 victims, 18 were female. (12)</li> <li>• Five of the residents could ambulate on their own; the rest were bedridden or used a wheelchair. (13)</li> <li>• Twelve of the victims had a primary diagnosis of Alzheimer’s disease or dementia. (13)</li> <li>• Ten of the victims told a family member (7) or a staff member (3) of the assault; 6 assaults were witnessed by staff; clues detected by staff or family led to identification of 4 assaults. (13)</li> <li>• Forensic examinations were made on 10 of the cases; 8 of these showed physical evidence of assault. (14)</li> </ul>

			<ul style="list-style-type: none"> <li>• Victims showed many trauma-related symptoms, including expressions of fear or avoidance of male staff; withdrawn behavior; staying near nurses station; lying in bed in a fetal position; reenacting parts of the assault; sexualized behavior; refusing to sleep on the bed; and refusing to cooperate with usual routines such as bathing or having vital signs taken. “More than half of the residents made new comments of feeling cold.” (15-16)</li> <li>• Eleven of the victimized residents died within a year of their assault. (16)</li> <li>• Researchers identified two distinct responses to assault: compounded rape trauma (“victims have a past and/or current history of psychiatric, psychosocial, or physical problems that compound the effects of the sexual assault”) and silent rape trauma (in which “expression of assault-related symptomatology is muted, undetected, or absent”). (17)</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>• Of the 42 victims, 40 were female. All of the identified perpetrators were male. (5, 9)</li> <li>• 80.9% of the victims lived in a nursing home; 70.7% of the incidents took place in a nursing home. Other assault sites were victim’s home (12.2%), adult care residence (2.4%), and perpetrator’s home (14.6%). (5, 8)</li> <li>• Nearly all of the victims were unable to manage their own finances (92.7%), the majority had orientation difficulties in at least two of three areas (orientation to person, time and place); and fewer than a quarter (21.4%) could walk without assistance. (5-6)</li> <li>• In more than a third of the cases (35.7%), the sexual abuse was known to be ongoing over a period of time. (7-8)</li> <li>• Vaginal rape was relatively uncommon (5.8% of cases); sexualized kissing and fondling was most prevalent (48.2% of cases), followed by unwelcome sexual interest in victim’s body (23.2%) and digital penetration of vagina or anus (13.5%). (7)</li> <li>• In three-quarters of the cases (75.0%), the perpetrator was a facility resident. Other perpetrators were: 7.5% family members in household; 7.5% facility staff; 5.0% non-relative</li> </ul>

			<p>in household; 5.0% non-relative living outside the household. (10)</p> <ul style="list-style-type: none"> <li>• In only two cases was the alleged offender prosecuted in court. Other outcomes for perpetrators were: relocation (47.8%); psychiatric treatment (34.8%); behavior modification (13.0%); and monthly hormone injection (4.4%). (11, 14)</li> <li>• Victims were relocated 38.5% of the time. Only 38.5% of victims received treatment for the abuse. 23.0% of victims were classified as remaining at risk for sexual abuse. (14)</li> <li>• The vast majority of cases were witnessed; only 23.8% of the substantiated cases had no witnesses. (9)</li> </ul>
Mouton 1999	257 women ages 50 – 79 who participated in the Women’s Health Initiative in Newark, New Jersey	Forced sexual intercourse with a spouse or partner	<ul style="list-style-type: none"> <li>• Eighteen women (7%) had been forced to have sexual intercourse with their spouse or husband at some time. (1176)</li> </ul>
Pittaway 1993	605 adults aged 55-100 who accessed health and social service organizations in London, Ontario during a 3-month period	Physical abuse (including sexual abuse), chronic verbal aggression, material abuse (actual and attempted), and neglect (intentional and unintentional)	<ul style="list-style-type: none"> <li>• Husbands were the abusers in 100% of sexual abuse cases. (84)</li> </ul>
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>• “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</li> </ul>

			<p>majority of assaults occurred outside the home” by friends or acquaintances. (75)</p> <ul style="list-style-type: none"> <li>• “Younger victims were more likely to report a previous sexual assault – 24.5% of the younger women compared to 9.4% of the elderly victims.” (75)</li> </ul>
Ramin, et al 1992	Medical record review of 129 postmenopausal women (ages 50-100) matched with 129 women age 14-49, all sexually assaulted in Dallas, TX between 1986-1991	Sexual assault	<ul style="list-style-type: none"> <li>• Postmenopausal women represented 2.2% of women reporting sexual assault in the county. (860)</li> <li>• “Genital trauma was more common in the postmenopausal group (43 versus 18%).” (860)</li> </ul>
Ramsey-Klawnsnik 1991	28 community-dwelling older (ages 65 – 101) women suspected by Massachusetts adult protective services workers of being sexually abused	APS suspicion elder was sexually abused	<ul style="list-style-type: none"> <li>• 71% of victims were described as “totally dependent” or functioning “very poorly” or “poorly.” (78)</li> <li>• Rape was suspected in 61% of the cases. (79)</li> <li>• 32% of victims disclosed sexual abuse; two more made coded or hinted disclosure. (80)</li> <li>• 29% of suspected perpetrators were spouses/boyfriends; 39% were sons; 7% were brothers. A total of 81% perpetrators were caregivers; 78% were family members. (81)</li> <li>• All but 1 perpetrator was male. (73)</li> <li>• In almost 1/3 of cases, sexually abusive acts were witnessed by others; in 71% of the cases, other service providers suspected sexual abuse. (79, 81)</li> </ul>

## GENERALIZED FINDINGS: SEXUAL ABUSE

These eight studies are particularly difficult to compare since each focused on different populations and identified cases in very different ways. However, it is clear that neither being healthy and married nor frail and living in an institution protects older women from being sexually abused.

Spouses/partners were the abusers in 100% of the Mouton (1999) cases (by design of the study); 100% of the Pittaway (1993) cases, and 29% of the Ramsey-Klawnsnik (1991) cases. Other sexual abusers were other residents of the nursing home (75.0% of the Teaster (2000) cases); sons (39.0% of the Ramsey-Klawnsnik cases); paid caregivers (7.5% of the Teaster cases);

and brothers (7% of Ramsey-Klawnsnik cases). The majority of older sexual assault victims in Muram’s study (1992) said they did not know their perpetrator.

Nearly all the sexual abuse victims studied were women, and all but one identified perpetrator were male. Identified victims in three studies were overwhelmingly impaired: 80% of the Burgess (2000) victims used a wheelchair or were bedridden and 60% had dementia; 80.9% of the Teaster victims lived in a nursing home and fewer than a quarter could walk without assistance, and 71% of the Ramsey-Klawnsnik victims were classified as “totally dependent” or functioning “very poorly” or “poorly.”

Many of the sexual abuse cases had witnesses: 76.2% of the Teaster cases, and nearly a third of both the Burgess and Ramsey-Klawnsnik cases.

Three studies looked at differences between younger and older sexual assault victims. Acierno and Muram found that older women were significantly less likely to have ever been a sexual assault victim (Acierno, 2002), or to have been assaulted more than once (Muram, 1992), than were younger women. Two studies found that older sexual assault victims were more likely to experience genital trauma (Muram, 1992; Ramin, 1992), and that such trauma had more serious ramifications (Muram, 1992).

Burgess pointed out that while many victims did report their assaults, those that could not often displayed trauma-related behavior that staff could be trained to identify as possible signals of sexual assault.

**ARTICLES REVIEWED: HOMICIDE/SUICIDE**

Two articles published between 1998 – 2001 were reviewed for this article.

<b>Author(s), Pub. Date</b>	<b>Sample size and demographics</b>	<b>Type(s) of abuse covered</b>	<b>Selected finding(s) (page number/s in parentheses)</b>
Malphurs et al 2001	27 men aged 55+ who perpetrated spousal homicide- suicides matched by age with 36 married men who committed suicide in Florida	Instances of homicide/ suicide	<ul style="list-style-type: none"> <li>• “A dependent-protective attachment to the spouse and the need to control the relationship...play an important role in spousal homicide-suicides.” (54)</li> <li>• “A common feature of all spousal/consortial homicide-suicides is a perception by the perpetrator of an unacceptable threat to the integrity of a highly valued relationship.” (54)</li> <li>• Homicide-suicide perpetrators were almost three times more likely to be in caregiving roles than men who only committed suicide.” (48.1% of the h-s perpetrators were in caregiving roles) (53)</li> <li>• 51.9% of homicide-suicide and 61.1% of suicide perpetrators had psychiatric symptoms,</li> </ul>

			<p>although only 5% of both groups were receiving psychiatric care at time of death. (53)</p> <ul style="list-style-type: none"> <li>• 11% of the murdered wives lived in a nursing home at the time of death. (51)</li> </ul>
Cohen et al 1998	137 spousal/consortial homicide-suicides from 7 Florida counties between 1988 – 1994. 48 involving perpetrators 55+ were compared to 89 involving perpetrators <55.	Instances of homicide/suicide	<ul style="list-style-type: none"> <li>• 0.4 – 0.9 per 100,000 occurrence of homicide-suicide for persons age 55+. (392)</li> <li>• Rates of homicide-suicides were higher for older persons than younger in all but 2 years. (394)</li> <li>• All older perpetrators were men; 2 younger perpetrators were women. (392)</li> <li>• Many characteristics varied significantly based on whether couple lived in west central Florida (all older couples white) or southeastern Florida (more than 2/3 of older couples Hispanic). (393)</li> <li>• Prior physical violence was rare among older couples, but verbal discord was common. (393)</li> <li>• Illness, declining health, and pain and suffering were common among both perpetrators and victims in west central Florida (25.9% to 55.6%), but less common (4.8% to 19.0%) in southeastern Florida. (393)</li> <li>• 29% of older perpetrators were depressed and 18.7% had talked of suicide, but only one tested positive for antidepressants at autopsy. (393)</li> </ul>

### GENERALIZED FINDINGS: HOMICIDE/SUICIDE

Although the data is extremely limited, it is clear that cases of homicide-suicide among elders is not rare; Cohen (1998) found that the rate was higher among those aged 55+ than those younger than 55 in four out of six years studied.

Men are the perpetrators in the vast majority of cases. Culture appears to play a role in incidence, since rates and characteristics were quite different in a county that was predominately white from those of a county that was predominately Hispanic.

Depression or other psychiatric symptoms are common among perpetrators, although very few perpetrators were receiving psychiatric care or medications at the time of the murder-suicide. Both studies found that the majority of *both* the victims and perpetrators were ill, experiencing a general decline in health, and/or experiencing pain and suffering, except for the predominately Hispanic older population.

Both studies found that separation and jealousy and/or “a perception by the perpetrator of an unacceptable threat to the integrity of a highly valued relationship” were “common circumstances” in which elder homicide-suicides took place.

## **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**

A significant finding is that those who abuse older adults frequently use more than one tactic. Therefore, where one type of abuse is found, look for others to help ensure that all aspects of the abusive situation are addressed.

Care should be taken not to associate certain types of abuse only with some abusers or relationships. These studies show that adult children as well as spouses physically assault elders, that a significant minority of nursing home residents and of adult sons are capable of sexual assault, and that (old) siblings can be abusers, too. Since every type of abuse, including financial exploitation, can be emotionally and physically devastating, service providers who are serving only victims of certain types of abuse may want to consider expanding their scope of service.

Because some forms of elder abuse (including, for instance, financial exploitation and abandonment) have not been major focuses of the domestic violence field, more training about these tactics and remedies for them need to be made available.

Sexual abuse of elders needs far more research. Professionals who work with older adults need to recognize that sexual abuse occurs, that it can be physically damaging, that family members as well as paid caregivers can be perpetrators, and that elders who are severely physically and/or cognitively impaired are frequent targets of sexual abusers. Professionals who work with older adults need to learn how to recognize the signs of sexual abuse and what they should do when they suspect such abuse. In particular, forensic investigations need to be made since they frequently produce evidence. Since both Teaster and Ramsey-Klawnsnik found that often someone witnessed or knew about the abuse, training on how to respond to and report sexual abuse is critical. Systems need to be put into place to protect frail elders from sexual abuse, particularly in institutions that house other impaired elders who may be sexually aggressive.

Professionals need to recognize that many deaths of older couples are not due to “suicide pacts” or accidents but are, instead, murders of one partner by the other. Elder fatality review teams would help us identify more of these murder-suicides. Far more research needs to be done to help us identify couples that are at-risk for such violence. In the meantime, those who work with domestic violence in later life need to be aware that death of both elders is a distinct possibility. Since it is clear that many elder murderers suffer from untreated depression or other psychiatric illnesses and/or experience pain or suffering, health care providers as well as domestic violence professionals should be careful to address all aspects of the physical, mental, and emotional health of the older couples they serve.

Authors

Bonnie Brandl, M.S.W.  
Project Coordinator  
National Clearinghouse on Abuse in Later Life/WI Coalition Against Domestic Violence  
(608) 255-0539  
bonnieb@wcadv.org

Loree Cook-Daniels  
Consultant  
National Center on Elder Abuse  
(202) 898-2586  
Loree@WordBridges.net

September 2002

**ADDITIONAL RESOURCES**

For more information on homicide-suicide, go to [http://www.fmhi.usf.edu/amh/homicide-suicide/art\\_rt.html](http://www.fmhi.usf.edu/amh/homicide-suicide/art_rt.html).

Wisconsin Coalition Against Sexual Assault. (2001). *Transcending the Silence*. (Available from WCASA at (608) 257-1516.)

Wisconsin Coalition Against Sexual Assault. (1999). *Widening the Circle*. (Available from WCASA at (608) 257-1516.)

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, see:

- Abusers  
[www.WordBridges.net/ElderAbuse/Research/2002-09-03R.html](http://www.WordBridges.net/ElderAbuse/Research/2002-09-03R.html) (html) or  
[www.WordBridges.net/ElderAbuse/Research/2002-09-03R.pdf](http://www.WordBridges.net/ElderAbuse/Research/2002-09-03R.pdf) (Adobe Acrobat format)
- Causation theories  
[www.WordBridges.net/ElderAbuse/Research/2002-09-04R.html](http://www.WordBridges.net/ElderAbuse/Research/2002-09-04R.html) (html) or  
[www.WordBridges.net/ElderAbuse/Research/2002-09-04R.pdf](http://www.WordBridges.net/ElderAbuse/Research/2002-09-04R.pdf) (Adobe Acrobat format)
- Culture  
[www.WordBridges.net/ElderAbuse/Research/2002-09-05R.html](http://www.WordBridges.net/ElderAbuse/Research/2002-09-05R.html) (html) or  
[www.WordBridges.net/ElderAbuse/Research/2002-09-05R.pdf](http://www.WordBridges.net/ElderAbuse/Research/2002-09-05R.pdf) (Adobe Acrobat format)
- Prevalence and incidence  
[www.WordBridges.net/ElderAbuse/Research/2002-09-06R.html](http://www.WordBridges.net/ElderAbuse/Research/2002-09-06R.html) (html) or  
[www.WordBridges.net/ElderAbuse/Research/2002-09-06R.pdf](http://www.WordBridges.net/ElderAbuse/Research/2002-09-06R.pdf) (Adobe Acrobat format)
- Relationships  
[www.WordBridges.net/ElderAbuse/Research/2002-09-07R.html](http://www.WordBridges.net/ElderAbuse/Research/2002-09-07R.html) (html) or  
[www.WordBridges.net/ElderAbuse/Research/2002-09-07R.pdf](http://www.WordBridges.net/ElderAbuse/Research/2002-09-07R.pdf) (Adobe Acrobat format)
- Services and interventions  
[www.WordBridges.net/ElderAbuse/Research/2002-09-08R.html](http://www.WordBridges.net/ElderAbuse/Research/2002-09-08R.html) (html) or  
[www.WordBridges.net/ElderAbuse/Research/2002-09-08R.pdf](http://www.WordBridges.net/ElderAbuse/Research/2002-09-08R.pdf) (Adobe Acrobat format)
- Victims  
[www.WordBridges.net/ElderAbuse/Research/2002-09-10R.html](http://www.WordBridges.net/ElderAbuse/Research/2002-09-10R.html) (html) or  
[www.WordBridges.net/ElderAbuse/Research/2002-09-10R.pdf](http://www.WordBridges.net/ElderAbuse/Research/2002-09-10R.pdf) (Adobe Acrobat format)

## **BIBLIOGRAPHY**

Acierno, R., Gray, M., Resnick, H., Kilpatrick, et al. (2001). Rape and Physical Violence: Comparison of Assault Characteristics in Older and Younger Adults in the National Women's Study. *Journal of Traumatic Stress*, 14(4), 685-695. [CANE File No. N4799-11]\*

Anetzberger, G. (1998). Psychological Abuse and Neglect: A Cross-Cultural Concern to Older Americans. *Understanding and Combating Elder Abuse in Minority Communities*, Archstone Foundation, 141-151. [CANE File No. N4692-17]\*

Brown, A. (1989). A Survey on Elder Abuse at One Native American Tribe. *Journal of Elder Abuse & Neglect*, Vol. 1, No. 2, 17 – 37. [CANE File No. G3232-11]\*

Brownell, P. et al. (1999). Mental Health and Criminal Justice Issues Among Perpetrators of Elder Abuse. *Journal of Elder Abuse & Neglect*, Vol. 11, No. 4, 81-94. [CANE File No. K4212-8]\*

Burgess, A. et al. (2000). Sexual Abuse of Nursing Home Residents. *Journal of Psychosocial Nursing*, Vol. 38, No. 6, 10-18. [CANE File No. K4285-8]\*

Cohen, D. et al. (1998). Homicide-Suicide in Older Persons. *The American Journal of Psychiatry*, 155:3, 390 – 396. [CANE File No. N4887-7]\*

Crichton, S. et al. (1999). Elder Abuse: Feminist and Ageist Perspectives. *Journal of Elder Abuse & Neglect*, Vol. 10, No. 3/4, 115 – 130. [CANE File No. K4192-9]\*

Godkin, M., Wolf, R., and Pillemer, K. (1989). A Case-Comparison Analysis of Elder Abuse and Neglect. *International Journal of Aging and Human Development*, 28(3): 207-225. [CANE File No. E2730-10]\*

Greenberg, J., et al. (1990). Dependent Adult Children & Elder Abuse. *Journal of Elder Abuse & Neglect*, Vol. 2, No. 1/2, 73 - 86. [CANE File No. N4888-8]\*

Lachs, M. et al. (1997a). ED Use by Older Victims of Family Violence. *Annals of Emergency Medicine*, 30:4, 448 – 454. [CANE File No. L4406-7]\*

Le, Q. (1997). Mistreatment of Vietnamese Elderly by Their Families in the United States. *Journal of Elder Abuse & Neglect*, Vol. 9, No. 2, 51-62. [CANE File No. J4079-7]\*

Lithwick, M. et al. (1999). The Mistreatment of Older Adults: Perpetrator-Victim Relationships and Interventions. *Journal of Elder Abuse & Neglect*, Vol. 11, No. 4, 95 – 112. [CANE File No. K4213-10]\*

Malphurs, J. et al. (2001). A Comparison of Antecedents of Homicide – Suicide and Suicide in Older Married Men. *American Journal of Geriatric Psychiatry*, 9:1, 49 – 57. [CANE File No. N4891-9]\*

- Mouton, C et al. (1999). The Associations between Health and Domestic Violence in Older Women: Results of a Pilot Study. *Journal of Women's Health & Gender-Based Medicine*, Vol. 1, No. 9, 1173 – 1179. [CANE File No. N4890-7]\*
- Muram, D. Miller, K, & Cutler, A. (1992). Sexual Assault of the Elderly Victim. *Journal of Interpersonal Violence*, 7(1): 70-76. [CANE File No. N4802-4]\*
- National Center on Elder Abuse. (1998). *The National Elder Abuse Incidence Study; Final Report*. Available at <http://www.aoa.gov/abuse/report/default.htm>. [CANE File No. J4071-300]\*
- Otiniano, M. et al. (1998). Hispanic Elder Abuse. in Archstone Foundation *Understanding and Combating Elder Abuse in Minority Communities*, 194. [CANE File No. N4696-7]\*
- Pillemer, K., and D. Finkelhor. (1988). The Prevalence of Elder Abuse: A Random Sample Survey. *Gerontologist*, Vol. 28, No. 1, 51-57. [CANE File No. C2155-7]\*
- Pittaway, E. and A. Westhues. (1993). The Prevalence of Elder Abuse and Neglect of Older Adults Who Access Health and Social Services in London, Ontario, Canada. *Journal of Elder Abuse & Neglect*, Vol. 5, No. 4, 77 – 93. [CANE File No. N4873-9]\*
- Podnieks, E. (1992a). National Survey on Abuse of the Elderly in Canada. *Journal of Elder Abuse & Neglect*, Vol. 4, No. 1/2, 5 - 58. [CANE File No. A13-28]\*
- Podnieks, E. (1992b). Emerging Themes from a Follow-up Study of Canadian Victims of Elder Abuse. *Journal of Elder Abuse & Neglect*. Vol. 4, No. 1/2, 59 – 111. [CANE File No. H3384-27]\*
- Ramin, S.M., et al (1992). Sexual Assault in Postmenopausal Women. *Obstetrics and Gynecology*, 80(5): 860-864. [CANE File No. N4804-5]\*
- Ramsey-Klawnsnik, H. (1991). Elder Sexual Abuse: Preliminary Findings. *Journal of Elder Abuse & Neglect*, Vol. 3, No. 3, 73-90. [CANE File No. G3215-10]\*
- Robert Wood Johnson Foundation. (2001). *Designing Effective Survey Methods for Frail Elders: Symposium Proceedings*. [CANE File No. N4889-34]\*
- Sanchez, Yolanda M. (1999). Elder Mistreatment in Mexican American Communities: The Nevada and Michigan Experiences. in Tatara (ed.), *Understanding Elder Abuse in Minority Populations*, 67-77. [CANE File No. N4669-8]\*
- Teaster, P. et al. (2000). Sexual Abuse of Older Adults: Preliminary Findings of Cases in Virginia. *Journal of Elder Abuse & Neglect*. Vol. 12, No. 3/4, 1 – 16. [CANE File No. L4420-16]\*

Vladescu, D. et al. (1999). An Evaluation of a Client-Centered Case Management Program for Elder Abuse. *Journal of Elder Abuse & Neglect*, Vol. 11. No. 4, 5-22. [CANE File No. K4209-10]\*

Wolf, R., and K. Pillemer. (1997). The Older Battered Woman: Wives and Mothers Compared. *Journal of Mental Health and Aging*, Vol. 3, No. 3, 325 – 336. [CANE File No. J4067-12]\*

---

\*CANE – The Clearinghouse on Abuse and Neglect of the Elderly – is the nation's largest computerized collection of elder abuse resources and materials. Single copies of articles in its holdings can be ordered from CANE for \$.20 per page. The digits following the hyphen in the file number indicate how many pages the article has.

CANE  
Department of Consumer Studies  
University of Delaware  
Newark, DE 19716.

Please note that a check made out to CANE-UD must accompany your order. For further information on ordering materials or conducting a customized search of the database, contact CANE at (302) 831-3525, or at [CANE-UD@udel.edu](mailto:CANE-UD@udel.edu).