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DESA

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INTRODUCTION

The objective of the Madrid International Plan of Action on Ageing (MIPAA) was the elimination of all forms of neglect, abuse and violence against older persons (MIPAA, 2002).

In addition, it was acknowledged clearly in the Plan of Action that "Older women face greater risk of physical and psychological abuse due to discriminatory societal attitudes and the non-realization of the human rights of women. Some harmful traditional practices and customs result in abuse and violence directed at older women, often exacerbated by poverty and lack of access to legal protection." (para. 108).

Since the adoption of the Madrid Plan of Action, the problem of abuse against older persons, in all its forms, has grown. The results of the second review and appraisal of the Madrid Plan of Action in 2012 showed clearly that neglect, abuse and violence against older persons was acknowledged as a major policy issue in all regions, regardless of level of development.[1] The General Assembly pronounced 15 June as World Elder Abuse Awareness Day in 2012.[2] Discussion of legislation on human rights protection against neglect, abuse and violence has become a main focus of the ongoing discussions of the General Assembly Open-ended Working Group on Ageing.

However, despite the evidence from available data that older women are at greater risk of abuse and violence, older women have not been mainstreamed into ongoing research and discussion on violence against women. For instance, the campaign by UN Women on Ending Violence Against Women has made no mention of older women as a vulnerable group.

Therefore, the United Nations Department of Economic and Social Affairs (DESA), together with its focal point on ageing in the Division for Social Policy and Development (DSPD), began a discussion based on current research, available data and the terminology used in academic circles to describe and classify violence and abuse against older women. The majority of academic research and discourse has been conducted in developed countries, and agreement on terminology and meanings has—by no means—been clear or agreed. This lack of agreed definitions was one of the problems that explained the lack of visibility of older women in the discourse surrounding the issue of violence and abuse.

The purpose of the present publication is to provide an overview of the current state of knowledge about the abuse of older women. The main forms or categories of abuse against older women are discussed, particularly in relation to differing definitions of neglect, abuse and violence against women and older adults.

[1] (A/68/167).
[2] (A/RES66/127).

Prevalence rates from studies using different definitions and incorporating different forms of abuse can vary greatly, depending on whether the study focuses on intimate partner violence, older adult abuse or, specifically, on the abuse of older adults in protective settings. Prevalence rates are also influenced by whether the data are based on one-year, five-year or lifetime cumulative time frames, and which old-age cohorts are included in the study samples. The publication discusses the challenges that this has presented to researchers.

Risk factors identified through prevalence and other studies include age and gender, as well as care-dependency in cases of neglect. The publication provides a summary of selected study findings on the health consequences of abuse and violence against older women, as well as sources of data collection and some of the challenges that this presents to researchers.

The publication provides an overview of preventive measures for addressing the issue, presenting the findings of evaluations on their effectiveness, where available. It gives an overview of main approaches to addressing the abuse of older women, and key interventions – including policies and programmes for the protection of older women victims of abuse – along with outcomes, where evaluations have been completed.

I. DOMINANT FRAMEWORKS FOR UNDERSTANDING NEGLECT, ABUSE AND VIOLENCE AGAINST WOMEN

This report proposes that there are currently three dominant theoretical frameworks used by researchers for understanding neglect, abuse and violence against older women. These are: older adult mistreatment, informed by social gerontology and using a definition proposed in the Toronto Declaration on Elder Mistreatment (World Health Organization (WHO), 2002); older adult protection, informed by geriatrics and using a definition that was formalized by the National Research Council (NRC) (National Research Council, 2003); and intimate partner violence, informed by the domestic violence movement and adapting a definition originally formulated by the United States of America Centers for Disease Control (CDC) (Saltzman and others, 2002).

Differing definitions have led to research findings, policy responses, and programmes and practices that may appear contradictory and confusing to those not familiar with the field of elder abuse and neglect (Anetzberger, 2012). Each is linked to different assumptions and theoretical explanations for abuse in older women, and to interventions – including policies, and programmes and practices – to prevent, and end, neglect, abuse and violence against older women.

II. DEFINITIONS: DIFFERENCES AND ACCORDANCE

There is, to date, no overarching theoretical framework for elder abuse (McDonald & Thomas, 2013). In addition, most professionals in the field of elder abuse agree that lack of a generally-accepted definition of abuse, mistreatment or maltreatment of older adults is a barrier to the fuller understanding of this social problem. The lack of a commonly-accepted definition of elder, or older adult, abuse is also a challenge to understanding abuse of older women from a global perspective. Since definitions tend to use similar language in different frameworks, differentiating between them can be confusing. The discussion below attempts to clarify some of this definitional confusion.

A. The purpose of definitions

Definitions of elder abuse and neglect are used for research, particularly prevalence and population studies, and policy and programme development and practice. Three influential definitions – reflecting divergent underlying assumptions about elder abuse and the abuse of older women – have guided research and policy decision-making. They are presented here.

B. Older adult mistreatment (Social Gerontology)

In the 2002 Toronto Declaration on the Global Prevention of Elder Abuse, elder abuse was defined as "…**a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person." It can be of various forms: physical, psychological, emotional, sexual, and financial or simply reflect intentional or unintentional neglect**. (WHO, 2002).

This definition originated in 1995 with a United Kingdom non-governmental organization, Action on Elder Abuse (Biggs & Haapala, 2010). It was adopted by a meeting of the International Expert Group on Elder Abuse from the International Network for the Prevention of Elder Abuse (INPEA) and the World Health Organization (WHO) in Toronto in 2002. The age of the victim was not included in this definition, but has usually been set at 60 years of age and older in studies that have used this definition, because they tended to focus on older adults living in community. It is used in elder abuse research, in policy and practice formulation, and is influenced by social gerontology and sociology. Underlying theoretical frameworks include social exchange (Phillips, 1986), environmental press (Steinmetz, 1988), caregiver stress (Wolf, 2000), cycle of violence (Korbin and others,

1995), and abuser impairment (Pillemer & Finkelhor, 1989). Most recently, ecological theory has been used to framework research on older women and mistreatment (Luoma and others, 2011).

C. Abuse of vulnerable adults (Adult protection)

Abuse of vulnerable older adults refers to **intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder, or failure by a caregiver to satisfy the elder's basic needs or protect the elder from harm** (National Research Council, 2003, p. 40).

This definition of elder abuse was developed by the expert Panel to Review Risk and Prevalence of Elder Abuse and Neglect, convened by the National Research Council of the United States National Academy of Science for the purpose of creating a suggested uniform definition and operationalized data elements on elder abuse, for research, policy, and programme development and practice purposes. In this definition, self-neglect, victimization by strangers, and intimate partner abuse of older adults, unless vulnerability exists above and beyond old age, are not considered forms of elder mistreatment (National Research Council, 2003). Underlying theoretical frameworks include risk/vulnerability theory (Fulmer and others, 2005; Dong and others, 2009) that was originally developed by medical professionals to understand child abuse (Anthony, 1987).

The conceptualization of elder abuse victims as frail and vulnerable older adults in need of protection falls under this definition. Care-dependent older adults in home or institutional care settings with physical, mental or cognitive impairment, including Alzheimer's disease, may be viewed as potential victims of physical or emotional abuse, neglect, or financial exploitation, by family or professional caregivers with whom they have the expectation of a relationship of trust. Understanding abuse of cognitively-impaired older adults as a sub-category of elder abuse has been suggested as a step in the conceptualization of all the individual factors involved in elder abuse (Burnight & Mosqueda, 2011).

D. Intimate partner violence (IPV) against girls and women of all ages

Intimate partner abuse is defined as violence against women that **incorporates intimate partner violence (IPV), sexual violence by any perpetrator, and other forms of violence against women, such as physical violence committed by acquaintances or strangers** (Saltzman and others, 2002). This definition was developed by an expert panel convened in 1996 by the United States of America Centers for Disease Control and

Prevention, to formulate a uniform definition and recommended data elements for gathering surveillance data on intimate partner violence. It was intended to promote consistency in data collection for public health surveillance and as a technical reference for automation of the surveillance data (Saltzman and others, 2002).

Operationalized data elements broaden the scope of this definition somewhat. The *victim* is *anyone who is the target of violence or abuse*. The *perpetrator is the person who inflicts the violence or abuse or causes the violence or abuse to be inflicted on the identified victim*. In this definitional set, the perpetrator is assumed to be an intimate partner, defined as current or former spouse or common-law spouse, and current or former non-marital partner including dating partner/acquaintance (heterosexual or same sex), boyfriend or girlfriend, or stranger in the case of sexual abuse or stalking. Violence includes physical or sexual abuse, threat of physical or sexual violence, and psychological or emotional abuse. The underlying theoretical framework is that of power and control (Brandl, 2000).

Psychological abuse is defined – **apart from the threat of physical or sexual abuse – to include humiliating the victim, controlling the victim's behaviour, withholding information from the victim, getting annoyed if the victim disagrees with the perpetrator, deliberately doing something that makes the victim feel diminished, using the victims' money, taking advantage of the victim, disregarding what the victim wants, isolating the victim from family or friends, prohibiting the victim's access to transportation or telephone, getting the victim to engage in illegal activities, using the victims' children to control the victims' behaviour, threatening loss of custody of children, smashing objects or destroying property, denying the victim access to money or other basic necessities, and disclosing information that would tarnish the victims' reputation**. Psychological abuse also includes consequences such as impairment, injury and disability and those requiring the use of health care, mental health or substance-abuse services (Saltzman and others, 2002).

Table 1: Three key definitions of abuse used in research on older women

Social Gerontology (Toronto Declaration): Elder abuse is defined as "**a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. It can be of various forms: physical, psychological, emotional, sexual, and financial, or simply reflect intentional or unintentional neglect.**" (WHO, 2002).

Adult Protection (National Research Council - NRC): Abuse of vulnerable older adults refers to "**intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder, or failure by a caregiver to satisfy the elder's basic needs or protect the elder from harm**" (NRC, 2003, p. 40).

Intimate Partner Violence (CDC): Intimate partner abuse is defined as violence against women that "**incorporates intimate partner violence (IPV), sexual violence by any perpetrator, and other forms of violence against women, such as physical violence committed by acquaintances or strangers**" (Saltzman and others., 2002).

III. FORMS OF ABUSE

Neglect, abuse and violence against older adults, also referred to as mistreatment of older adults, or elder abuse, is defined further by different forms of abuse, categorized for research, policy and practice purposes (Sethi and others, 2011). Main forms used to categorize abuse of older women include: neglect, physical abuse, sexual abuse, psychological (also called emotional, verbal and non-physical) abuse, and financial (also called material) abuse or exploitation (Luoma and others, 2011).

Different conceptual frameworks use a combination of different forms to operationalize abuse. The Social Gerontology and Adult Protection frameworks use most of the forms cited above.[3] The Intimate Partner Violence (IPV) framework uses physical, sexual, and psychological forms of abuse, but not neglect and usually not financial exploitation (unless included in a measure of psychological abuse) (Saltzman, 1992; Stöckl and others, 2012).

A. Neglect

Neglect is defined **as the refusal or failure of responsible caregivers to provide a care-dependent older adult with assistance in daily living tasks or essential support such as food, clothing, shelter, health and medical care. This can also include desertion of a care-dependent older adult**, also called abandonment (WHO, 2002).

B. Physical abuse

Physical abuse includes **actions intended to cause physical pain or injury to an older adult, such as pushing, grabbing, slapping, hitting, or assaulting with a weapon or thrown object**.

[3] Violation or infringement of personal rights, or social abuse, is used as a distinct category of abuse in some studies (Luoma, 2011; Yan & Tang, 2001). Linked to the concept of individual rights, this form of abuse includes the infringement of personal rights as a form of elder abuse (Luoma and others, 2011). It includes behaviour that violates an older person's privacy, autonomy, freedom and access to family and friends. These represent the "control behaviours" cited in the CDC definition of psychological abuse (Saltzman and others, 2002, p. 34). It should be affirmed here that all forms of abuse are violations of personal rights.

C. Sexual abuse

Sexual abuse can include **offensive sexual behaviours as well as physical contact of a sexual nature** (INPEA/WHO, 2002). Some studies of older women and abuse categorize sexual abuse as a subset of physical abuse.

D. Psychological abuse

This form of abuse includes **verbal and non-verbal emotional abuse, which may be defined further as active or passive**. **This describes actions intended to inflict mental pain, anguish or distress on an older person** (Luoma and others, 2011).

E. Financial abuse and exploitation

This form of abuse describes **actions of illegal or improper use of an older person's money, property or assets** (MetLife, 2011).[4]

F. Self-neglect

This form of abuse does not include a perpetrator, but rather, refers to an older person who—**wilfully or inadvertently, due to diminished capacity or mental impairment—neglects to meet their own basic needs and often refuses the assistance offered by others**.[5]

[4] Older women have been found to be especially vulnerable to this form of abuse. A recent study conducted in the United States of America found older women to be twice as likely as men to be victims of financial abuse (MetLife, 2011). Most victims in the study were between the ages of 80 and 89 years old, lived alone, and had some care needs that required help in their homes.

[5] Self-neglecting older adults can place at risk their own safety and well-being, as well as that of others, through the creation of unsafe or unsanitary living conditions, caused by hoarding possessions, food, or animals for which they are unable to provide care. However, while the adult protective service systems in the United States of America recognize this as a form of elder abuse, and whether it may be caused by social isolation or social exclusion or not, self-neglect is not included in the formal definitions of elder abuse cited here and will not be addressed in the present publication.

Table 2. Forms of neglect, abuse and violence against older women

Neglect: Neglect is defined as **the refusal or failure by those responsible to provide a care-dependent older adult with assistance in daily living tasks, or essential support such as food, clothing, shelter, health and medical care**. This can include desertion of a care-dependent older adult, also called abandonment (WHO, 2002).

Physical: Physical abuse includes **actions intended to cause physical pain or injury to an older adult, such as pushing, grabbing, slapping, hitting, or assaulting with a weapon or thrown object**.

Sexual: Sexual abuse can include **offensive sexual behaviour as well as physical contact of a sexual nature** (INPEA/WHO, 2002).

Psychological: This form of abuse includes **verbal and non-verbal emotional abuse, which may be further defined as active or passive. This describes actions intended to inflict mental pain, anguish or distress on an older person** (Luoma and others., 2011).

Financial: This form of abuse describes **actions of illegal or improper use of an older person's money, property or assets**.

Self-neglect: This form of abuse does not include a perpetrator, but rather refers to **an older person who—willfully or inadvertently, due to diminished capacity or mental impairment—neglects to care for their own basic needs and often refuses the assistance offered by others**.

G. Perpetrators of neglect, abuse and violence against older women

Each conceptual framework typically assumes some overlapping, and some specific, categories of perpetrators of neglect, abuse and violence against older women. The Social Gerontology framework assumes a broad array of potential perpetrators of mistreatment. These include spouse/partner, adult children, grandchildren and other family relatives, neighbours and friends, and formal and informal caregivers. The Adult Protection framework assumes many of the same perpetrator categories, while adding an emphasis on institutional caregivers/workers (such as those in care homes and hospitals) and including other residents of care homes and institutions as a category of perpetrator (Teaster & Roberto, 2004). The Intimate Partner Violence (IPV) framework includes spouses and partners, including dating partners, as perpetrators, as well as strangers in the case of stalking and rape. Some scholars and advocates of the IPV framework (Hightower and others, 2006; Brandl, 2000) have argued for expanding the categories of perpetrators in gender-based research on abuse in older women. To date, this recommendation has not been adopted universally by domestic violence researchers (Stöckl & Penhale, 2012; Garcia-Moreno and others, 2005).

Table 3. Perpetrators of neglect, abuse and violence against older women

Spouse/ partner: Included in all studies reviewed on neglect and abuse of older women
Adult children: included in studies on abuse and neglect of older women in the Social Gerontology and Adult Protection framework.
Other relatives: included in studies on abuse and neglect of older women in the Social Gerontology and Adult Protection frameworks.
Neighbours and friends: included in studies on abuse and neglect of older women in the Social Gerontology and Adult Protection frameworks.
Formal caregivers: included in studies on abuse and neglect of older women in the Social Gerontology and Adult Protection frameworks.
Care home residents: included in studies on abuse and neglect of older women in the Adult Protection framework.
Strangers: included in studies on abuse and neglect of women in the Intimate Partner Violence framework.

IV. PREVALENCE, RESOURCES AND ACCESS TO DATA

A. Definitions of prevalence and incidence

The concept of a prevalence or incidence rate is generally applied to disease. Prevalence refers to *the number of cases of a disease in existence at any stage of its development but short of death, during a particular time period in a given population*. By comparison, incidence rate is defined as *the number of new cases in a given population occurring within a specific time period* (Thomas, 2000). Prevalence and incidence rates have long been used in the realm of disease to describe behavioural attributes, such as substance abuse and delinquency. The lack of consensus on what constitutes elder abuse has made its measurement a particular challenge, yet one that is an essential part of acknowledging this phenomenon as a significant social issue for the purposes of problem recognition, policymaking, programme development, and practice.

B. Prevalence data resources and access to data

A major challenge in prevalence research is access to data. Data-collection methods for obtaining prevalence rates on neglect, abuse and violence against older women are complex, expensive and time-consuming. In population studies, computerized modelling, random sampling, and instrument development – including language translations, interviewing strategies, protection of human subjects protocols, and use of secondary data and third-party information sources – are all necessary—albeit daunting—challenges. Studies using self-reported data would require the development of tested questionnaire instruments and trained interviewers, as well as arrangements for protected interview locations if subject safety were deemed a concern. Large-scale, multinational studies would require coordinated research teams to ensure the reliability and validity of collected data.

Use of hospital, law-enforcement, or agency records and provider input may be needed for collecting data on institutionalized or cognitively-impaired older women, but can result in relatively poor-quality data. Records may be confidential and case-record data available only in statistical reports, making cross-referencing with other agency data or longitudinal comparisons difficult except through the use of sophisticated statistical modeling techniques. Criminal justice data, used in research on older women and domestic violence, or intimate partner violence, can be difficult to obtain from law-enforcement records or other highly-privileged, third-party data sources.

There is general consensus in the international research community that domestic violence is a public-health matter, and that knowing the rates of prevalence and incidence in the population would be useful. However, due to differing conceptualizations of violence against women, and different measurement approaches, there is little consensus among researchers on the prevalence rates of neglect, abuse and violence against older women (Penhale & Provitt, 2010). A review of the prevalence literature on neglect, abuse and violence against older women using the definitions presented above, and categorized as Social Gerontology, Adult Protection, and Intimate Partner Violence (IPV), may provide some insight into the reasons for this lack of consensus on prevalence rates.

C. Prevalence research on abuse of older women (Social Gerontology)

Prevalence research has been conducted on the mistreatment of older adults, particularly in developed - mostly, but not exclusively, western - countries. Most of this research has focused on older adults of both genders, and little of the data collected has been fully disaggregated for both females and males (exceptions include Lowenstein and others, 2009; Yan & Chan, 2012; Yan & Tang, 2001). The definition of elder abuse used increasingly in prevalence studies on elder mistreatment is that of the Toronto Declaration,

2002, which, as discussed above, is broader than the definition used for Adult Protection or IPV research.

D. Definitions of abuse of older women in prevalence studies

Abuse of older adults (Social Gerontology): The components of this definition include a single act or repeated acts that cause(s) harm or distress to an older victim, and a trusting relationship between an abuser and a victim. It is the implicit definition used in the Madrid International Plan of Action on Ageing (United Nations, 2003).

This definition specifies that the victim is an older person. It includes a broad definition of the relationship between older victim and abuser, who can be a spouse/partner, an adult child or grandchild, another relative, a friend or neighbour, or a formal or informal caregiver. It also leaves open the setting in which the harmful or distressful act, or acts, may take place (home or community, institution, or even the workplace), as well as the form of the abusive act, or acts. Significant research has been undertaken on the abuse of older women in this definitional framework, most recently through the European Union DAPHNE III prevalence study of Abuse and Violence against Older Women (AVOW) initiative. This is a collaborative initiative between Governments, universities and private funders in selected countries of Europe.

Some prevalence studies, including the first Israeli prevalence study on elder abuse (Lowenstein and others, 2009), disaggregated data for women. While not focused specifically on older women, the data analysis provided a profile of older women that could be compared with data on older men from the study, as well as with prevalence data on older women and abuse from other studies.

The victims/subjects may range from 55 to 65 years of age for research conducted under the Social Gerontology framework; however, the lower age limit has been set typically at 60 years of age. The victim/subject usually dwells within a community. While establishing the lower limit of old age at 60 years, and focusing on community-dwelling older adults has not been controversy-free – generating debate on when old age begins, and raising concerns about under-sampling – there is an advantage in standardizing the age-range and living arrangements of the victims studied.

Abuse or mistreatment is operationalized as including not only physical, sexual, and psychological abuse (broadly defined) but also financial exploitation, neglect and, increasingly, control and quality of life. Physical abuse is often measured using the Conflict Tactics Scale 2 (Straus and others, 1996), providing some standardization across Social

Gerontology and Intimate Partner Violence frameworks.[6] The community living arrangements of most subjects suggested that they were likely to be relatively unimpaired compared to institutionalized subjects, whom were more likely to be included in the Adult Protection framework.

While this research paradigm is the most inclusive of those discussed here, it has the disadvantage of under-sampling and under-estimating abuse and neglect in older women who are not only care-dependent, but also cognitively incapacitated and, possibly, living in care homes and institutions. This makes findings on abuse in older women difficult to compare with studies of abuse in institutions such as care facilities, or with subjects suffering from dementia and receiving in-house care.

Data collection in the Social Gerontology research framework has been done primarily through direct telephone and live interviews, in addition to mailed questionnaires and some use of third-party sources, and findings were generally based on self-reporting of abuse or neglect. The most significant research on older women and abuse in this research paradigm has been done in the above mentioned DAPHNE III initiative. Utilizing world-class elder abuse scholars and experts, the multinational research programme resulted in establishing prevalence rates for women 60 years of age and older in five European countries[7] using a common definition, standardized data collection instruments and analytic techniques, and intersecting research teams (Luoma, Koivusilta, Land, Enzenhofer, De Donder, Verté, Reingarde, Tamutiene, Ferreira-Alves, Santos & Penhale, 2011).

Another part of this initiative included the development of reports on Intimate Partner Violence (IPV) and older women in the United Kingdom (Penhale & Porritt, 2010), Finland (Luoma & Stakes, 2008), and other European countries (Nägale, Böhm, Görgen & Tóth, 2010). The DAPHNE III studies (AVOW Projects) on Intimate Partner Violence (IPV) did not include prevalence. Other material, like toolkits, best practice programme designs, and an integrated website was also generated, along with a rights-based charter for care-dependent older adults (AGE Platform, n.d.). Nothing of the scope or magnitude of this initiative has ever been undertaken or completed before, anywhere in the world, on older women and abuse. It provides a model that can be considered for replication or adaptation in other regions.

From the DAPHNE III (AVOW Project) initiative in the European Union, overall abuse prevalence rates for older women aged 60 years and above reported by countries that

[6] For a compendium of assessment tools for measurement of intimate partner victimization and perpetration, see Thompson and others, 2006.

[7] Note that prevalence rates for each of the five countries summarized in Luoma and others, 2011, differ from aggregate prevalence rates. For country-specific prevalence rates, see Lang and others, 2011 (Austria), De Donder & & Verté, 2010 (Belgium), Luoma & Koivusilta, 2010 (Finland), Reingardé & Tamutiene, 2010 (Lithuania), and Ferreira-Alves & Santos, 2011 (Portugal).

participated in the prevalence study (Austria, Belgium, Finland, Lithuania, and Portugal) are: Neglect: 5.4 per cent; emotional abuse: 23.6 per cent; financial abuse: 8.8 per cent; physical abuse: 2.5 per cent; sexual abuse: 3.1 per cent; violation of rights: 6.4 per cent; and, overall abuse: 28.1 per cent (Luoma and others, 2011). While the overall abuse rate was higher than prevalence rates for older women found in intimate partner violence (IPV) studies on women of all ages, the physical abuse rate for older women in the present study was comparable to the findings on physical abuse rates for older women aged 60 and above in these AVOW studies. The use of the Conflicts Tactics Scale 2 (CTS2) in the European Union studies of older women to measure physical abuse (Straus and others, 1996; Thompson and others, 2006) made this rate more comparable to IPV studies where the CTS2 was generally used to measure physical violence against women of all ages.

Table 4. Forms of abuse by rate (per cent) found in DAPHNE III Study (Luoma and others, 2011)

Emotional abuse:	23.6
Financial exploitation:	8.8
Violation of rights:	6.4
Sexual abuse:	3.1
Physical abuse:	2.5
Overall:	**28.1**

The prevalence rate by type of abuse perpetrator in the DAPHNE III research initiative differed by type of abuse. The most prevalent category of abuser in the category of physical and sexual abuse, as in IPV studies on adult women of all ages, was the spouse/partner (50.7 per cent and 55.4 per cent, respectively). The spouse/partner continued as the most prevalent category of abuser for emotional abuse (43.9 per cent) and violation of rights (59.0 per cent). While the spouse/partner remained the most prevalent category of abuser for financial abuse (33.7 per cent), this was closely followed by the categories of daughter, son, son/daughter in-law (28.7 per cent). The most prevalent category of abuser for neglect, however, was son and daughter or son/daughter in law (40.6 per cent), followed by spouse/partner (17.3 per cent), paid home help or caregiver (15.8 per cent) and other family members (15.5 per cent) (Luoma and others, 2011).

Table 5. Forms of abuse by relationship between victim and perpetrator found in European Union study (Luoma and others, 2011)

Form of abuse	Perpetrator	per cent
Violation of rights	Spouse	59.0
Sexual abuse	Spouse	55.4
Physical abuse	Spouse	50.7
Neglect	Son, Daughter	40.6
Financial abuse	Spouse	33.7

E. Prevalence research on abuse of vulnerable older adults (Adult Protection)

Research on older adult abuse and adult protection has generally been guided by a definitional set that was formalized by the United States National Research Council (NRC) in 2003 (National Research Council, 2003). It assumed that older, adult victims were vulnerable (a central concept of this research paradigm) and, possibly, cognitively compromised, physically impaired and frail.

Research on abuse prevalence within this population has been difficult, due to challenges of access, institutional review board requirements and informed consent, care dependency, and possible care-home residence setting. In the United States of America, the United Kingdom and Japan, established old-age protective care systems have made elder abuse research on this population more viable, and more subjects were likely to be women, who tend to live longer with chronic impairments compared to men (Shibusawa and others, 2005). Data sources for research on vulnerable older adults have included agency records, secondary data sources, third party sources and surrogates, including caregivers and professionals in the fields of healthcare delivery and adult protective services.

Research using some variation of the NRC definition has been conducted primarily with care-dependent, older adults or those in care institutions. Some of the few studies done on abuse in older women specifically using this definition were with geographically-specific subjects on Adult Protective Services (APS) agency caseloads in the United States. Examples include a study done on older rural and urban women living in the State of Illinois, in the United States, who were known to county APS offices or a subset of older women known to APS offices (Dimah & Dimah, 2003; Teaster and others, 2006). The

NRC definition of abuse included vulnerable older adults, potentially eliminating older women victims who were not vulnerable or care-dependent.

Since older adults in adult protective systems have some degree of health-, mental health- and/or cognitive impairment, the subjects' ages in studies were more likely to begin at 65 years, making prevalence comparisons difficult for studies where old age was defined as 60 years, or even, as in IPV studies, 40 or 50 years of age. The baseline health of these subjects was more likely to be poorer overall than that of subjects in Intimate Partner Violence or Social Gerontology frameworks.

There has been considerable debate among proponents of these different research frameworks as to which is most appropriate for understanding elder abuse prevalence. While proponents of the Adult Protection framework have suggested that much has been learned—and continues to be learned—about elder abuse research from child protection (Wolf, D., 2003), proponents for the Intimate Partner Violence framework have suggested that prevalence studies on elder abuse do not consider fully intimate partner violence in later life (Stöckl and others, (2012). According to some leading experts in Social Gerontology research, the field of elder abuse and mistreatment is "casting off positions embedded in other areas, such as child abuse and domestic violence..." (Lindenberg and others, 2013, p. 3).

For example, assumptions that older adult victims with diminished capacity or other impairment have lost their right to self-determination and autonomy, or that abuse and neglect always reflects a power and control relationship between abuser and victim, limit the ability of the researcher to generate heuristic findings. Recent prevalence studies on the abuse of older women include a broader range of perpetrators and forms of abuse than those included in studies of domestic violence in the IPV framework.

There have been no specific, large-scale research studies on the prevalence of abuse in older women within this research framework. However, one incidence study completed in the United States of America by Tatara and Thomas (1998) found that older adult women were abused at a higher rate than males, after accounting for their larger proportion in the ageing population of the United States, and for 60 per cent of substantiated neglect cases. Older adult victims were selected for the 1998 study from adult protective service caseloads throughout the country, and were more likely to be impaired than subjects in a general population survey. Older women victims in the study were more likely to be over 80 years of age, more likely to be in the neglect category of abuse, and more likely to be victims of financial abuse (Tatara & Thomas, 1998).

F. Prevalence research on Intimate Partner Violence (IPV) and older women

Prevalence studies on IPV and older women have tended to fall into two general categories: studies of IPV across the lifespan (starting at age 18 or earlier, with the lowest age at 12) for women only, or population studies across the lifespan using gender as a variable (both male and female). For those few studies that actually disaggregated data collected by age and gender, old age can be defined as starting as low as 30 years of age, to 40 or 45, 50 or 55, up to 65 or 66 years and, in some studies, data collection stopping at 49, leaving out older women altogether (Garcia-Morano and others, 2005), to 69 years of age. In other words, the 'older women' cohort varied considerably by size and age distribution depending on the way in which individual researchers defined 'old.'

One distinguishing factor with studies on IPV and older women has been how IPV was operationalized based on form of abuse. Internationally, IPV research studies typically used some variation of the United States of America Centers for Disease Control definition of domestic violence. This includes—at minimum—physical and sexual abuse, with psychological abuse limited to threats of physical or sexual violence and, in the expanded definition of psychological abuse, verbal and other forms of abuse intended to intimidate the victim and diminish the victim's sense of self. Psychological abuse can include: controlling, denigrating, depriving, intimidating, humiliating, threatening, abdicating responsibility, manipulating, blaming, harassing, negating victim's reality, sulking, infantilizing, showing indifference, and provoking guilt (Montimy, 2008). In IPV studies, financial exploitation or material abuse (use of property or possessions without victims' permission) can be a subset of psychological abuse. Also, in IPV research, psychological abuse may be limited to threats of physical or sexual violence.

If financial mistreatment was included at all, it was as part of the psychological abuse category. Measures of control may be included as a separate form of abuse or as part of psychological abuse. Categories of abuse, including financial exploitation, neglect and self-neglect, were typically not used in IPV prevalence studies.

Another distinguishing factor of studies on IPV and older women was that the definition of perpetrator was restricted to current or former spouse, partner or dating partner, or stranger in the case of sexual abuse, including rape. Generally, perpetrators with whom victims have had a trusting relationship – such as adult children and grandchildren, neighbours, friends, and caregivers, both formal and informal – were not included in the perpetrator category of IPV research. Finally, the setting in which IPV was assumed to take place was the home or community, not a care facility or institution.

All of these factors have served to minimize the prevalence findings on abuse of older women in studies of IPV and women of all ages, giving the impression that, compared to younger women, older women have experienced insignificant amounts of abuse. This has

served to discourage the inclusion of older women, based on the assumption that the small number of older women experiencing IPV did not warrant the expense and effort of collecting data on this population cohort (Garcia-Moreno and others, 2013). As a result, many studies on violence against women have not included women over 49 years of age in their samples (Garcia-Moreno and others, 2013; Stayton and others, 2008) or in their analysis, unless a research partner analysed the data subset on older women (Brownell & Berman, 2004).

Other prevalence research on violence against women conducted in western countries that studied women across their life course have been undertaken as part of large-scale prevalence studies in Finland, Canada, and the United States of America (Luoma & Stakes, 2008; Piipsa, 2004; Heiskanen & Piipsa, 1998; Jasinski and others, 2003; Mezey et al., 2002; Rinfret-Raynor and others, 2004; Tjaden & Thoennes, 2000). A few smaller prevalence studies on elder abuse, conducted in Hong Kong, used CDC measures and disaggregated male and female data in the analysis: for example, a Hong Kong study has been using older couples as subjects (Yan & Chan, 2012).

Prevalence research in the United States of America on the abuse of older women has been undertaken using some variation of the CDC definition, utilizing primarily samples of older women drawn from health-care provider lists (Bonomi and others, 2007; Fisher and others, 2006), or sub-samples from large-scale studies on health care (Mouton and others, 2004).

Typical data sources for IPV research on older women include large-scale Government population surveys, some household, health, and criminal justice surveys using questionnaires and telephone interviews, with some face-to-face interviews, smaller-scale health surveys using telephonic and live interviews, and some agency surveys. Some of the more significant—and accessible—prevalence studies on IPV that included older women have been done in Canada, Finland, and the United States of America.

Given the lack of overall data on the prevalence of IPV in older women, some studies have begun to gather such data. A recent study in the United States of America (Bonomi and others, 2007) has found the lifetime partner abuse prevalence rate for women aged 65 and above to be 26.5 per cent, with 18.4 per cent of women experiencing physical or sexual violence, and 21.9 per cent experiencing non-physical abuse. In the study, the prevalence of abuse in the past five years was 3.5 per cent and prevalence in the past year was 2.2 per cent. Prevalence differed by sampling criterion, including whether old age was defined as beginning at 50 years, 60 years or 65 years (Fisher and others, 2011).

Existing prevalence data on older women and IPV have suggested that age cohort and cultural factors can influence findings. However, existing data have demonstrated the problem of IPV in older women to be significant, especially if viewed from a life course perspective (Stöckl and others, 2012). A study of older German women and abuse found

the lifetime prevalence of physical and sexual partner violence to be 23 per cent among women 50-65 years of age, and 10 per cent among women 66-86 years of age, with an overall lifetime prevalence rate of 18 per cent for women aged 50-86 years (Stöckl and others, 2012). Prevalence rates for the past 12 months were reported as 2 per cent for women aged 50-65 and 0 per cent for women aged 66-86 for a combined 12-month prevalence rate of 1 per cent. Physical or sexual violence, or both, for women in the 50-65 age group was higher than for women in the 66-86 age group, whether it was reported in the past 12 months (2 per cent compared to 0 per cent), the past 5 years (3 per cent compared to 1 per cent), or in a current relationship (14 per cent compared to 5 per cent). These findings were consistent with findings on older women in IPV studies.

Table 5. Dispelling myths about elder abuse

Reviewing myths of elder abuse against research findings, Desmarias & Reeves (2007) dispelled the myth that elder abuse was gender-neutral – with women and men perpetrating abuse equally – finding **men to be more prevalent as perpetrators**.
The myth that there was no correlation with the gender of the victim was also dismissed: **victims were more likely to be female**.
The myth that the older-old (85 years and older) were more likely to be abused was also disallowed: **younger seniors were more likely to be abused than older**.

According to Garcia-Morano and others, (2013), based on WHO global and regional estimates estimates World Health Organization (WHO) estimated lifetime prevalence for IPV (physical, sexual and psychological abuse) among ever-partnered women, is 22.2 per cent in the 65-69 age group, compared with 29.2 per cent in the 15-19 year old age group - the first and last age groups reported (Garcia-Morano et al., 2013).

The estimated World Health Organization (WHO) lifetime prevalence rate for IPV (physical, sexual and psychological abuse) among ever-partnered women, was 22.2 per cent in the 65-69 age group, compared with 29.2 per cent in the 15-19 year old age group - the first and last age groups reported (Garcia-Morano and others, 2013).

A different profile of abused older woman has emerged under the IPV framework, in contrast with the profiles that have emerged from the Social Gerontology and Adult Protection frameworks. Older women in the IPV framework – using the limited number of measures relating to abuse and perpetrator – were significantly less likely to experience abuse than younger women, whereas older women experienced significant rates of abuse in

the Social Gerontology framework (Luoma and others, 2011). Prevalence studies in the Adult Protection framework have not, to date, focused exclusively on older women; however, they have highlighted those forms of abuse—specifically, neglect and financial exploitation—that have most affected women aged 80 and above (Tatara & Thomas, 1998). A small number of studies have highlighted sexual abuse of older women in protective settings (Roberto & Teaster, 2005; Teaster & Roberto, 2004; Teaster, Roberto, Duke, & Kim, 2001); typically, however, these did not include prevalence data.

Table 6. Selected rates of abuse experienced by older women based on study framework

Intimate partner abuse: Ages 65-86 – Cumulative **18 per cent**; 12 month **1 per cent** (Stockl and others, 2012);

Violence against women: Ages 65-69 – Cumulative **22.2 per cent** (Garcia-Moreno and others, 2013)**;**

Social Gerontology: Ages 60-80+ - 12 month **28.1 per cent** (Luoma and others, 2011)**;**

Adult Protection: Age 80+ - women more likely to be victims of neglect and financial abuse (Tatara & Thomas, 1998).

Differences between prevalence rates in Eastern compared with Western prevalence surveys were less that might have been thought. Data on older women and abuse in Asian cultures were limited, due to cultural reticence and definitional issues, according to Shibusawa & Yick (2007). However, recent studies on elder abuse in older women and men conducted in Hong Kong, Mainland China and South Korea have been increasing the understanding of abuse by gender and age of victim in Asian countries (Yan & Tang, 2001; Yan & Tang, 2004; Yan & Chan, 2012).

G. Prevalence research in Asia

The majority of prevalence studies on elder abuse have been conducted in western countries, with relatively few in Asian societies (Yan, So-Kim & Yeung, 2002). This has been changing, with elder abuse increasingly identified as a common phenomenon in both developing and developed countries (Socryanarayan, Choo & Hairi, 2013). While there have been few published prevalence studies conducted solely on abuse in older Asian

women,[i] there have been a number of Asian prevalence studies on abuse in older adults disaggregated by gender (Yan & Chan, 2012; Yan & Tang, 2004; Wu and others, 2012).

Women and girls in China and other Asian societies today have better opportunities for education and work than did women in the past. The older women of today were brought up in a different era in which they were expected to assume a subordinate position in both family and society (Agnes Tawari, Professor and Head of the School of Nursing, Hong Kong University, Personal communication, August 7, 2013).

Domestic violence against older women can be part of an ongoing phenomenon taking place within a marriage or family for many years. Long-term violence and abuse can take its toll on older women – who may suffer health problems over and above their chronological years – and affect their capacity to cope with everyday life. Domestic violence against older women was also likely to co-exist with society's prejudice against older people, rendering older women's suffering and needs invisible. (Tawari, Personal communication, above).

In China, it is vital to review violence against older women across their lifespan. Educating professionals in recognizing the life cycle approach is critical to understanding and preventing violence against older women in a holistic way. The feminist perspective can be useful in work with older Chinese women, although not in relation to gender equity, but rather in promoting the empowerment of women of all ages so that they can achieve their full potential (Tawari, Personal communication, above).

In a Hong Kong study on elder abuse by caregivers of older adults dwelling in community centres for the elderly, 28 per cent of older women subjects reported experiencing verbal abuse, 6 per cent reported experiencing physical abuse and 29 per cent reported experiencing violation of personal rights (Yan & Tang, 2004). In a study on intimate partner violence among community-dwelling older adult couples living in Hong Kong, past-12-month abuse rates by form of abuse reported by older female subjects were: 1.37 per cent physical abuse, 0.8 per cent sexual abuse, and 33.7 per cent psychological abuse (Yan & Chan, 2012). In the same study, lifetime physical abuse prevalence rates were reported at 6.2 per cent by older women aged 60 years and above, 3.5 per cent for lifetime sexual abuse, and 50.6 per cent for lifetime psychological abuse. The study used the Conflict Tactics 2 Scale to measure partner violence and its findings are comparable to western studies of intimate partner abuse among older women.

A prevalence study of elder abuse in both older men and women subjects was conducted in The People's Republic of China among community-dwelling older adults aged 60 years and older living in a rural community (Wu and others, 2012). The study found that 6.3 per cent of the sample of older women reported experiencing physical abuse, 28.4 per cent

reported experiencing psychological abuse, 13.8 per cent reported neglect, and 1.9 per cent reported financial abuse.

Table 7. Selected prevalence studies abuse against older women in Asia (per cent)

Study	Location	Form of abuse	12-month prevalence	Lifetime prevalence
Yan & Tang (2004)	Hong Kong	Verbal	28	--
		Physical	6	--
		Social Control	29	--
Yan & Chan (2012)	Hong Kong	Physical	1.4	6.2
		Sexual	0.8	3.5
		Psychological	33.7	50.6
Wu and others (2012)	Macheng, PRC	Physical	6.3	--
		Psychological	28.4	--
		Neglect	13.8	--
		Financial abuse	1.9	--

Conflicting findings from prevalence studies about abuse of older women exemplify what feminist gerontologists have realized: different value and theoretical frameworks used by researchers shed light on different profiles of neglect, abuse and violence against older women (Penhale, 2003). Boundaries are blurred between elder abuse and domestic violence (see Scott and others, 2004; Scott, 2008) and there is an ideological gulf between the concepts of domestic violence (DV) and ageing (McGarry & Simpson, 2011). In the domestic violence framework, violence against women is viewed as gendered abuse of power, while ageing is perceived as a subset of abuse against older persons, ignoring the particular experiences of older women.

A study of older female victims of psychological violence conducted in Quebec, Canada, found that control behaviour was a central category of psychological abuse and that such behaviour on the part of the perpetrator increased at retirement (Montminy, 2008). Two paradigms were examined: domestic violence and elder abuse. Neither was found to

address the problem of older women and abuse. Elder abuse was identified as any mistreatment perpetrated by a wide range of abusers with a focus on caregiving relationships, and with a risk/vulnerability model. Older-woman abuse was found to fall into neither paradigm and was viewed differently in each.

V. HEALTH IMPLICATIONS

While the impact of domestic violence on the health of younger women and of community-dwelling and institutionalized older adults has been examined (Lachs and others, 1998; Garcia-Moreno and others, 2013; Garcia-Moreno and others, 2005), there has been little examination of the specific impact of abuse on the health of older women. The few systematic studies on the health implications of abuse against older women have collected data from samples drawn from clinical or health-care settings (Mouton and others, 2004, 1999; Paranjape and others, 2009; Fisher and others, 2011; Baker and others, 2009; Bonomi and others, 2007).

In spite of the limitations of findings – due to differences in sample selection criteria, age ranges, measurements used, and other factors – findings have suggested that intimate partner victims had lower (more negative) physical and mental health scores than non-victims (Mouton and others, 2004, 1999), and that middle-aged and older women living in the community who had reported physical and/or verbal abuse in the previous year had significantly higher adjusted mortality risk than women who had not reported abuse (Baker and others, 2009). Other findings pointed out the negative impact of long-term abuse on health (Bonomi and others, 2007; Paranjape and others, 2009). Non-physical abuse, such as verbal aggression, was associated with bone or joint problems, significantly higher digestive problems, depression and anxiety, chronic pain, high blood pressure and heart problems (Fisher and others, 2011; Fisher & Regan, 2006).

One of the few studies on homicides of older women used secondary data from a municipal health department study conducted in the United States of America on women and family violence (Stayton and others, 2008). It found that older women victims aged 50-74 showed fatality patterns similar to younger women (more likely to be killed by intimate partners using guns), and women aged 75 years and older were more likely to have been killed by other family members, and either bludgeoned or strangled to death (Brownell & Berman, 2004).

Screening older women for abuse is important in health care: the elderly are likely to have contact with health-care providers (Desmarias & Reeves, 2007). McGarry & Simpson (2011) conducted in-depth interviews with women aged between 63 and 79 years old who

had been subjected to domestic violence. They found that older battered women faced an increased risk of psychological problems like panic attacks and acute anxiety. Older abused women subjects reported feeling frustration, anger, helplessness, hopelessness, and low self-esteem as negative mental health consequences of family relationships.

Hightower and others, 2006, found that abuse of the elderly had a health impact: age made a difference in both physical and mental health, including depression, fatigue, anxiety and confusion, irritable bowel syndrome and ulcers.

VI. RISKS FACTORS

Risk factors for abuse of older women are difficult to identify from prevalence research because of the variety of measures used across different studies and the somewhat conflicting findings that have emerged to date. Age and gender are two risk factors for abuse in older women, by definition, and care dependency is a risk factor for neglect, also by definition. Ideally, risk factors are determined empirically based on research findings and are then used to predict those who might be likely to become victims of abuse or neglect, in order to initiate preventive or protective interventions. Some risk factors identified from recent studies on older women and abuse are presented and discussed below.

Depending on the conceptual framework used, older age is identified as a risk factor for neglect, abuse and violence if taking vulnerability and need for care and protection into account (Social Gerontology and Adult Protection frameworks), but the opposite is found in the Intimate Partner Violence (IPV) framework. In IPV and intimate homicide studies, older women up to age 65 are found to be at greater risk of abuse and violence by intimate partners than elderly women aged 75 years and older. In addition, the forms of abuse differ, with more physical violence reported against older women at the younger end of the old-age spectrum, and more psychological abuse reported at the older end of the old-age spectrum. Since neither neglect, self-neglect nor financial exploitation was included in IPV research on women of all ages, nor abuse by family members and others not including spouse/partners, older women appear to have suffered less abuse and violence than younger women in this conceptual framework.

A. Risk factors identified for older women victims of abuse from prevalence studies conducted in the European Union

The findings of the studies on older women and abuse conducted in the European Union as part of the DAPHNE III AVOW Project identified some risk factors and eliminated others (Luoma and others, 2011). Women in the youngest old-age cohort ('60-69 years of age') who were married, not fully retired, reporting poor physical and mental health – and who, when faced with stressful and difficult situations more often used a disengagement behavioural coping style – reported significantly higher prevalence rates of abuse (Luoma and others, 2011) than older women in the '70-79 years of age' and '80 years of age and above' old-age cohorts who were not married (widowed, separated or single), had reported good mental health, and did not usually adopt a disengagement behavioural coping style.

Loneliness was a significant predictor of abuse: the higher the reported loneliness, the higher the probability of reported abuse in the previous 12 months. Women who were retired had a higher probability of abuse compared with those who were still working.

Consequences or secondary effects of abuse were also identified. Most commonly-stated effects were tension, anger, hatred, and feelings of powerlessness. Those older women who reported experiencing abuse perceived their quality of life as being lower than that of women who had reported not experiencing abuse (Luoma and others, 2011).

B. Risk factors for female victims from other prevalence and research studies

In a United Kingdom elder abuse prevalence study (O'Keeffe and others, 2007), risk factors for neglect included being female, being over 85 years of age, experiencing depression and receiving care services (Penhale, 2013). For financial abuse and exploitation, older women in receipt of services, divorced, separated, lonely or isolated were found to be at increased risk of abuse. Older women between the ages of 65 and 74, with three or more symptoms of depression, or who were living with perpetrators, were at more risk of physical, sexual or psychological abuse.

In an elder abuse prevalence study conducted in Spain (Iborra, 2008), victims were most likely to be women of more advanced age, with higher levels of dependency and cognitive impairment. In the 2008 study, social isolation and psychological impairment did not appear to heighten risk.

In the first Israeli prevalence study on elder abuse (Lowenstein and others, 2009), risk of abuse by type of abuse included the finding that older women were more at risk of physical abuse than younger women, and that older women who experienced partner abuse had more health problems. In comparison with older men, older women were more at risk of

physical and psychological abuse, and older male and female victims of greater age were more at risk of neglect and financial exploitation (Penhale, 2013).

Risk factors in the abuse of care-dependent older women have been found to differ from those related to the abuse of older women who were independent and unimpaired, and/or serving as caregivers to impaired adult family members. According to Mouton (1999), risk factors for unimpaired older women were similar to those of younger women.

Social isolation and lack of social support have been identified as risk factors for women victims of all ages in all commonly-used research frameworks. Lack of community service alternatives has been identified as a relevant factor in Social Gerontology and Adult Protection research frameworks, whilst those identified for IPV were lack of domestic-violence shelters and other community-based support structures for older battered women, including access to needed health care. Reports on abuse of older women through charges of witchcraft (Sleap, 2010) and calls for widows to engage in Sati (Shankardass, 2010) have suggested that—in some circumstances—community members can serve as perpetrators of abuse.

Care-dependent older women have been identified as at risk of abuse from caregivers, based on the stress of caregiving (Steinmetz, 1988). However, the notion of abuse caused by caregiver stress due to the demands on the caregiver has been largely dismissed by research that found a risk factor for abuse to be related to the prior relationship between the victim and caregiver/abuser, not stress of caregiving alone (Anetzberger, 2012). High levels of physical dependence are not, at present, considered in intimate partner violence research.

C. Characteristics of perpetrators

Impairment of the abuser was considered a risk factor for abuse in later life among women (Penhale, 2013). Older women victims identified concerns about the health of their spouse/partner abuser as both a rationale for abusers' behaviour and victims' inability to leave the abusive situation. When the abuser was a mentally-impaired, adult child who was dependent on the older victim for support, this dilemma became even more acute (Smith, 2012).

Mental disorders, substance abuse, intergenerational transmission of violence and criminality were generally not captured for perpetrators in IPV surveys. However, in Social Gerontology and Adult Protection frameworks, these risk factors were noted (Sethi and others, 2010) and, particularly in the Adult Protection framework, unintentional neglect has been identified as related to lack of skills in caregiving and problem-solving, as well as to social isolation on the part of both formal and informal caregivers and care-dependent older

women. Treatable mental-health problems like depression, when suffered by both caregiver and care-receiver, can exacerbate the challenges of caregiving.

Studies on older adult spouses/partners with Alzheimer's disease and other dementia conditions suggest that the abusive behaviour associated with these conditions can escalate if misinterpreted by caregivers (Paveza, 2010). Caregivers, often older women, may be targets of abuse by impaired adult relatives; interventions that teach caregivers how to avoid triggers to violent behaviour in spouses and family members with Alzheimer's disease have been shown to lessen this behaviour towards caregivers (Paveza, 2010). However, Brandl (2000) observed that abuse of older women—even by a spouse/partner with dementia—may reflect long-standing power and control dynamics, and should not be assumed to result from a disease process over which the perpetrator has no control.

VII. GAPS IN RESEARCH

To date, there are a number of gaps in prevalence research on older women and neglect, abuse and violence. The measurement discrepancies that have led to different prevalence rates have been discussed above. However, other gaps remain that have left an incomplete picture of the full scope of neglect, abuse and violence against older women from a global perspective (Manjoo, 2012).

A. Older widows, social exclusion and harmful traditional practices

A full discussion of these gaps is beyond the scope of the present publication. However, in brief, they include examination of the plight of widows, including abuse prevalence, particularly in developing countries lacking economic or legal protection for women who have lost social protection following the death of their spouse (Sossou, 2002; Gye, 2013; Fisher, 2005).

B. Older women and the criminal justice system

Another subset of prevalence studies was conducted through the criminal justice system. It included large national prevalence studies of older men and women subjects (Rennison, 2001) and smaller local studies. It is beyond the scope of this publication to discuss fully the criminal justice perspective on abuse of older women.[ii] However, older women and abuse has been examined in two ways in relation to the criminal justice system: abuse of older women perpetrated by family members or trusted others that constitutes a crime

(Klein and others, 2008), and older women prisoners who were identified as victims of state-inflicted abuse because of inhumane conditions in prison systems (Wahidin, 2004).

Older women represent a small proportion of the incarcerated population worldwide (Tina Maschi, Associate Professor, Fordham University, Personal Communication, August 12, 2013), rendering them virtually invisible in a system that was designed for men. Some limited evidence suggests that rights-based violations – such as denial of the right to needed health care or to sleeping arrangements that accommodated age-related or other disabilities – have occurred against older women prisoners (Manjoo, 2012). The more systematic study of these conditions could provide a fuller picture of abuse perpetrated by the State against older women prisoners and result in policy and practice changes worldwide.

C. Abused older immigrant and refugee women

Little is known about neglect, abuse and violence against displaced older women of refugee status in conflict zones. To date, attention has focused on the atrocities committed against younger women, girls and children in high-risk areas of civil unrest and conflict; however, there have been some reports of violence perpetrated against older women in these situations (Fisher, 2005). A holistic approach to addressing neglect, abuse and violence against older women must include all potential circumstances.

Older immigrant women appear to be especially vulnerable to abuse if their immigration was sponsored by adult children. Some older, abused immigrant women said they were given no money for food, and had to sign over property to adult children. No prevalence data on this population exists: information on neglect, abuse and violence against women immigrants has been based largely on qualitative and small descriptive studies, and anecdotal evidence.

Issues related to immigrant older women victims of family abuse have been emerging from findings in qualitative studies. While older women of immigrant and refugee status live in most countries around the world, qualitative research on abused older immigrant women has been most prevalent in Canada and the United States. Guruge and others (2010) conducted focus group research with Tamil older women abuse victims living in Canada. The older abused women in the focus groups discussed their experiences with emotional, physical and financial abuse, threats and control behaviour.

Their experiences included intimate partner violence as well as abuse by sons and daughters-in-law, and daughters and sons-in-law. They also discussed their pre-migration experiences, of feeling respected and cared for in their country of origin and, after migration, feeling disregarded and disrespected by family members and immigrant

community leaders. They cited isolation and lack of knowledge about community resources as factors causing them to remain in abusive situations, due to the lack of options and because they wanted to be near their grandchildren.

Moon (2005) has studied cultural differences in elder abuse using qualitative research techniques, and sees immigrant older women from different cultures as illustrative of differences in perception of abuse among older adults. According to Moon, they may differ in attitudes about money and sharing with adult children, usually defined within the context of family relations. Moon observed that a victim's perception of abuse was an important indicator that abuse had occurred, since older people in immigrant communities often suffered in silence. Qualitative studies have found that there was more tolerance, in the United States of America, for verbal abuse among Japanese and non-Hispanic white older adults, more tolerance for financial exploitation among Korean immigrants, and more tolerance for medical and physical restraint among New Mexican Hispanic immigrants (Moon, 2005). This underlying, culturally-based value orientation can affect findings on self-reported abuse and neglect rates among diverse elderly subjects.

VIII. FINDINGS FROM QUALITATIVE STUDIES ON OLDER WOMEN AND ABUSE

A. The voices of older women and their service providers on factors related to neglect, abuse and violence

How do older women themselves define domestic violence, causation, reporting, interventions and consequences for perpetrators? What are the factors that have deterred older women victims of abuse from seeking help, including their reaching out to law enforcement, the courts, and social and health services? What are the elements of outreach and intervention strategies that would address barriers and engage older women in protecting themselves and accepting needed services? Focus groups of older women – including those who were victims of abuse – have been held to answer these and other questions (Hightower and others, 2006; Dunlop and others,2005; Mears, 2003, 2002).

B. Barriers to older women victims seeking and getting help

Barriers to seeking help by older women victims of abuse may be both internal (feelings of hopelessness and concern for the abuser, for example), or external, such as lack of services specifically designed for older women victims' needs. Victims felt not only the need to keep the abuse secret, but also abuser behaviour, self-blame and emotional gridlock—

defined as the belief that longstanding conflicts and abusive behaviour couldn't be changed— all of which have contributed to low help-seeking behaviour in one study (Newman and others, 2013).

a. External barriers

External barriers included the fear that adult children and other family members would reject them, concern that clergy would not be supportive, concern that law enforcement and the courts would not provide needed assistance and would possibly cause more harm, by not protecting the victim and, therefore, exposing her to more violence (Hightower and others, 2006).

Older battered women reported being estranged from their adult children who had witnessed their being abused when they were growing up, especially if the abuse occurred during serial relationships. Some children were also subjected to abuse when young. This was perceived by women as leading to a loss of support from adult children. Victims also felt that community resources for domestic violence were only available to younger women with dependent children, a perception that reinforced the lack of responsiveness to the plight of older women victims.

Abuser tactics or behaviour can also create barriers to older women victims leaving a violent situation (Beaulaurier and others, 2008). These tactics can include isolating the victim from extended family and friends, intimidating the older woman victim by threatening to harm her family members and pets, and escalating violence against her. Jealousy was also cited as used by abusers of older women, including interrupting telephone conversations and limiting the victim's contact with others.

Leaving was difficult for older women because it might involve trying to find a place to take pets, and struggling to accept loss, especially if they were in ill health and needed accessible accommodation. They might find domestic violence shelters chaotic, and have trouble finding needed employment. Being taught English as a second language and legal counselling were found to be especially important for older immigrant women.

b. Internal barriers

While seeking help has been identified as the critical step that older battered women needed to take in order to achieve a violence-free life, there were found to be significant internal barriers to taking this step (Beaulaurier and others, 2008). Internal barriers were identified as the self-perception of powerlessness, self-blame, the felt need to keep the abuse secret, the felt need to protect family members such as children by keeping the

family intact, protecting income and resources, and the fear of not being believed (Buchbinder and Winterstein, 2003). Finally, there were concerns expressed that their batterers were sick and needed their help. The internal barriers cited can override concerns about personal safety.

Internal barriers identified included feeling isolated, feeling intimidated, feeling the need to protect family members, self-blame, and feelings of powerlessness and hopelessness. Identified causes include abuser's mental illness, alcohol abuse and drug abuse, jealousy, Alzheimer's disease, womanizing, and circumstances like employment problems, financial worries, catastrophic illness, and immigration status (Dunlop and others, 2006).

Older women might minimize emotional abuse, despite its having been identified as the most prevalent and hurtful form of abuse in later life. Abusers were often adult children. Differences between younger and older victims of domestic violence included: the value of secrecy (cultural or generational), concern for the abuser, and hopelessness. Physical abuse was found to be negatively related to age (Mezey and others, 2002).

Older battered women may experience a sense of entrapment: they might want to end the abuse but feel ambivalent about ending the relationship (Buchbinder & Winterstein, 2003). Potential barriers to older abused women reporting the abuse included the value they placed on secrecy and the belief that they should keep the abuse within the family, feelings of ambivalence, and not knowing where to go to talk about the abuse (McGarry & Simpson, 2011).

C. Main needs of older women victims and perceived service gaps

Older women have been socialized with more traditional values concerning gender roles, marriage and family than younger women (Straka & Montminy, 2006). The cohort of older women today has a keen sense of privacy about family matters, is generally submissive to husbands, and demonstrates stoic acceptance. Financial barriers to leaving an abusive living situation may be greater for older women than for younger women, and older women victims were more likely to have health, mobility and vision problems. There is a dichotomy between domestic violence and ageing service networks. Domestic violence is identified as a social problem by women, and as a local issue; elder abuse is identified as a social problem by professionals. Domestic violence discussions have been dominated by younger women and the voices of older women have been virtually marginalized.

Service providers find that older battered women need practical information about how to leave abusive situations, where to find places of safety or available housing, how to access pensions and other benefits, how to manage personal financial issues, and how to obtain a divorce (Hightower and others, 2006; Scott and others, 2004, Scott, 2008). Lack of

appropriate services, professional assumptions that older women do not experience intimate partner abuse, exposure to long-term abuse, lack of dependable income, isolation, lack of familiarity with service systems, and traditional marriage values were all issues with which older battered women have struggled. Service systems for older adults may not identify power and control dynamics that are inherent in intimate partner abuse of older women, and domestic violence services are not always well-suited to older women's needs, suggesting the need for an integrative service collaboration approach (Vinton, 2003).

Older women living with domestic violence in Northern Ireland identified economic dependency and lack of family support as the most significant barriers to seeking help or leaving (Lazenbatt and others, 2010). They also cited lack of support from police, lack of support programmes for older women to tell their stories, artificial boundaries in service sectors, disabilities, alcohol dependence, and programmes without special targeting for this population. Professionals have failed to identify abuse that women suffered in later life, on the assumption that abuse did not occur to this group. Isolation and loneliness have made it harder to leave and resulted in depression as a result of abuse.

Services like support groups and community outreach were important to older women victims of abuse. They and other older women speaking to researchers stated the need for greater professional awareness and support services that catered to older women, especially in health delivery system. Preventive health care was important and psychological interventions are needed that reduce negative coping strategies and enhance positive self-regard and coping. Psychological abuse was consistently identified as having the strongest impact on negative self-regard and negative coping strategies (Lazenbatt and others, 2010).

D. Law enforcement and the justice system

An important part of the domestic violence movement worldwide has been to induce police and the courts to take violence against women, including older women, seriously, and hold the spouse/partner abuser accountable for any criminal action perpetrated against the victimized spouse/partner (Schechter, 1982).

A series of focus groups of older women from senior centres did not consider that ethical issues of older adult protection – such as overriding the autonomy of the victim – precluded involuntary protective service referrals and mandatory reporting for elder abuse. They also thought that the use of the criminal justice and law enforcement systems was appropriate for punishing perpetrators and protecting victims, but supported elder abuse victims remaining in the community (Dakin & Pearlmutter, 2009). The study participants were not themselves victims of family abuse. A report issued by the Canadian Government stated that violence at the hands of a spouse has remained the most common form of abuse

perpetrated against older Canadian women, based on testimony by local law enforcement agencies (Morin, 2012).

However, studies have also found that when older and impaired abusers who are family members were treated roughly by law enforcement services, this served as a disincentive for older women victims to contact law enforcement agencies (Seff & Stempel, 2008). Abuse in later life can be complicated for older women because of long-standing relationships with abusers, as well as concerns about the well-being of abusers with impairments. This has presented a disincentive to law enforcement services to getting involved directly in elder abuse cases when the abuser—and possibly the victim—were cognitively impaired and unable to testify for the prosecution.

A study of law enforcement and prosecution of elder abuse was conducted in the United States, in cases where financial exploitation, physical abuse, neglect, or a combination, occurred in a domestic setting (Jackson & Hafemeister, 2013). The older adult victims were known to an adult protective services agency in Virginia and were identified as vulnerable older adults. The victims generally preferred that the criminal justice system not be involved in their cases, regardless of the type of offense or abuse. Without their corroborating evidence, law enforcement agencies were reluctant to get involved in the prosecution of their perpetrators. The older adult victim's dependence on the perpetrator was identified as a concern. Those older adults who agreed to prosecution tended not to be dependent on, or emotionally attached to, the perpetrator. As a result, elder mistreatment in the older adult protection system was less likely to be prosecuted than other forms of domestic violence.

Teaster and others (2001) examined sexual abuse of older adults from preliminary findings of adult protective services (APS) cases in the State of Virginia, in the United States. This included a secondary analysis of APS data on sexual abuse cases of old people aged 60 years and older: the majority of cases were of older women. Sexual abuse was noted as the least perceived, acknowledged or reported type of elder abuse. Most victims in the sample were assaulted by formal or informal caregivers, not intimate partners or strangers. All assaults were non-consensual and all offenders were male. The profile of abusers included dependency on the victim, psychiatric problems, unemployment, drug and alcohol abuse, and in one case, dementia. Victims were all care-dependent, either at home or living in care facilities. The types of abuse action included kissing, fondling, unwelcome sexual interest, and penetration. Prosecution was difficult as most of the victims could not testify; the abuser with dementia (a resident at a care facility with the victim) couldn't understand the nature of the charges. In other cases when prosecution was possible, there was, generally, a criminal conviction (Teaster and others, 2001). These studies have illustrated the complexity of prosecuting abusers of cognitively-impaired and care-dependent older women victims through the criminal justice system.

E. Knowledge of rights

For older women victims of abuse in developed countries, challenges with responsiveness from police and the courts may be related to their reluctance to intervene in family issues without the assistance of social services, which are not always well-linked to law enforcement. Laws against domestic violence may not be specific enough about elder abuse and neglect to be helpful to older women victims. In developing countries, there may be a dearth of laws against abuse of older adults that would enable police to respond to abuse situations involving older women. Harmful traditional practices against older women may be codified in law or practice, rendering police authorities unable to provide protection in the absence of enabling legal statutes.

IX. POLICY RESPONSES

A. Prevention

The prevention of domestic violence is an important public policy goal. Strategies include public education and sanctions through the criminal justice system. Elder abuse prevention has lagged behind domestic violence, and public education has been conducted largely through ageing service systems and through non-governmental organizations. Criminal justice strategies have focused largely on those who have placed vulnerable adults at risk of harm. However, there has been a shift in current trends (Nerenberg, 2008). The world population has been ageing and, increasingly, frail older adults are living at home in the community.

Elder abuse has been given a higher profile through media attention on abuse of the elderly. Concerns about the fiscal viability of older adults living longer on pensions and social security has also sensitized the public to the impact of scams against older adults, especially older women (Met Life, 2011). Prevention of elder abuse, neglect and exploitation has taken on a new urgency (Nerenberg, 2008).

A model of prevention developed by Gordon (1987) was used to discuss main approaches to the prevention of neglect, abuse and violence against older women. Gordon has identified three categories of prevention that can be applied to an overview of strategies of prevention for mistreatment of older women. These are *universal preventive strategies* targeted to the general public or a whole population group that has not been identified on the basis of individual risk for neglect, abuse or violence; *selective preventive interventions* targeted to individual, or subgroups of, older women in the population who are at high risk of experiencing neglect, abuse or violence at some point in their lives; and *indicated*

preventive strategies targeted to high-risk older women who may not presently meet the criteria for neglect, abuse or violence, but who have been identified as having minimal—but detectible—signs or symptoms of abuse (Rapp-Paglicci & Dulmus, 2005).

There are no nationally-uniform response systems to address neglect, abuse and violence against older women, However, nations, states, localities, professional organizations, agencies and local groups have developed innovative prevention programmes and initiatives to prevent the abuse of older women within different service sectors, such as health and mental health, social service, criminal justice and housing. Programmes and initiatives may target older women as part of a broader campaign to prevent intimate partner violence of girls and women of all ages, prevent elder abuse and mistreatment, campaign against ageism or promote the protection of widows, or promote community health. It may also mandate the training of workers in health, institutional or care settings, to promote the understanding and prevention of neglect and abuse of care-dependent older women.

a. Universal preventive initiatives

Screening for elder abuse at the primary health-care level is recommended by the World Health Organization (WHO) (Perel-Levin, 2008).

A charter for the rights and responsibilities of older people in need of long-term care and assistance was developed and disseminated as part of the DAPHNE III initiative in the United Kingdom and European Union. This was intended to serve as a bill of rights for older adult clients and caregivers, which was assumed to include older women, as part of a prevention and early-intervention initiative (AGE-Platform, 2010).

World Elder Abuse Awareness Day, designated as 15 June, was initiated by the International Network for the Prevention of Elder Abuse (INPEA) in 2006, and ratified as a United Nations Day in 2010 by the General Assembly. Governments around the world, along with states, municipalities, communities and local agencies have used this as an opportunity to educate and raise awareness about mistreatment of older adults. While not specifically targeted to older women and neglect, abuse and violence, it provides an opportunity for education about this population. In Spain, localities have participated in the Awareness Day to raise awareness about the abuse of older women and men (Iborra, Garcia & Grau, 2013). Awareness-raising initiatives around the world can be seen on the INPEA home page (See [online]: www.inpea.net).

In the United States of America, the federal Administration on Aging initiated a public-awareness campaign designating the year 2013 as Elder Abuse Prevention Year, and posting multiple educational and consciousness-raising materials on its website for

downloading by local and state ageing and community service groups (Administration on Aging, 2013).

b. Selective preventive initiatives

The West Virginia (United States of America) Coalition against Domestic Violence launched a public-awareness campaign that caregiver stress should never be an acceptable excuse for violence. The campaign included an educational booklet, a video and a play, designed to be performed by school-age children and senior citizens in local communities to facilitate intergenerational discussion on caregiver stress and abuse (Brandl & Raymond, 2005).

In Australia, a self-report screening scale for elder abuse was developed and validated as part of the Women's Health Australia Study. Researchers noted the importance of early identification of elder abuse for effective early intervention and prevention of abuse against older women (Schofield & Mishra, 2003).

Community-based paralegals are being trained in Tanzania and Mozambique in inheritance and land law by HelpAge International, and disputing villagers are being encouraged to consult them. The purpose is to reduce violence against older widows who are accused of witchcraft and physically harmed or sometimes killed (HelpAge International, n.d.).

c. Indicated preventive initiatives

The Flemish Reporting Point for Elder Abuse is part of a social service agency that not only registers reported cases of elder abuse, but also conducts training, provides information and advice to community residents, and trains elders, professionals, home caregivers, volunteers and students, to increase awareness and expertise about elder abuse and how to recognize it (Callewaert, 2011).

In Taiwan, an educational support group for nursing home staff resulted in a decrease in psychological elder maltreatment by staff and an increase in knowledge of gerontology (Hsieh and others, 2009).

A psychological treatment programme for caregivers who abused or neglected an elderly dependent was developed in the United Kingdom. A pre- and post- evaluation design found significant reductions in strain, anxiety and depression in the abusive caregivers, and the reduction in problem factors was maintained during a six-month follow-up (Campbell & Browne, 2002).

Evaluations of preventive programmes and strategies have focused more on short-term and process goals and objectives, as opposed to long-term goals of reducing or eliminating violence against older women. For example, the evaluation of the psychological treatment programme designed to reduce repeated abuse by family caregivers measured the reduction in caregiver stress at the end of the programme and during a six-month follow-up, but didn't measure the long-term reduction of abuse (Campbell & Browne, 2002). A preventive strategy that involved sensitizing providers to signs of elder abuse and setting up a reporting system might find increased numbers of older women who were being abused. However, investment in evaluating preventive strategies and programmes could lead to more effective and efficient targeting of resources to address the problem of older women and abuse.

B. Interventions

Interventions for older women victims of neglect, abuse and violence are still evolving, and few have been evaluated rigorously for effectiveness with their targeted population (Daly and others, 2011; Ploeg and others, 2009). As interest in older women and abuse increases, more evidence- based intervention models will be likely to emerge.

The intervention models presented below have been developed for older women; those programmes intended to serve both male and female victims of elder abuse, but not intended specifically and primarily for older women victims, have not been included.

a. Interventions for older women caregivers of abusive men

Koenig and others (2006) proposed that female caregivers of older adults needed to understand and practice ethical decision-making if they had a history of experiencing domestic abuse by the care-receiver. In the feminist framework, domestic violence has been defined as a distinct incident of abuse (kicking, hitting, pinching) occurring in an intimate relationship over time and originating in wider social inequities between men and women; it has been defined further as physical, sexual or psychological force by a man against his intimate female partner. Professionals working with victims of intimate partner violence have begun to develop intervention models for older women with a history of domestic violence who were providing care for their abusive family member (Koenig and others, 2006). Evaluations have not, to date, been published on this intervention model.

b. Services for older women with care needs

Some countries, most notably Japan and Britain, have established universal systems of long-term care. In-home and residential care for physically-impaired older women can serve as a protective strategy for the prevention of family abuse. Two societal factors in Japan can facilitate the early detection of family abuse in care-dependent older women: firstly, social workers from Home Care Support Centres having close contact with families of older adults receiving at-home care through the national long-term care system; secondly, community volunteers who provide support to families with older members receiving at-home care services can identify early signs of abuse and neglect in care-dependent older members and offer education and support to the family.

Institutional care for older women in nursing homes, hospitals and care homes may serve as an intervention for those who are care-dependent and lack families, or whose families are unable, or unwilling, to provide needed care. Hospitals and care homes – whether operated, regulated or free of regulation by the State – serve the most vulnerable of the old: primarily, in most cases, older women. Often highly regulated in developed countries, hospitals and long-term care facilities can provide skilled, loving and sensitive care for older adults whose care needs exceed the ability of their families and communities to provide for them safely (William T. Smith, United Nations Representative, International Association of Homes and Services for the Aged, Personal Communication, August 12, 2013).

However, neglect, abuse and violence against older women residents occur even in highly-regulated, professionally-managed care homes; for example, sexual abuse of older women residents perpetrated by aides and older male residents, often with dementia, has been reported and documented in the United States of America (Teaster & Roberto, 2004). Prevalence data on the abuse of older women in care homes, whether by staff, family or others, is lacking, to date.

Elder-abuse intervention in the older-adult-protection framework has adopted some protective strategies from the child-abuse field, including guardianship services. While guardianship is an extreme measure that can remove rights from older adults and must be used with care, it can also serve to protect older adults who have dementia and are being financially exploited, or who have care needs that are not being met by identified caregivers. Ideally, however, elder abuse preventive and intervention services incorporate empowerment strategies. These have much in common with domestic violence services, including self-help groups for women of all ages, safe homes, use of law enforcement and legal action (Penhale, 2008).

c. Legal services for older women victims of abuse

Legal services for older women victims of abuse may differ based on whether the older woman was considered cognitively capable of making decisions on her own or not. For neglected or self-neglecting older women, who may also be financially exploited or physically abused, guardianships and related services may be most appropriate. For older women who are cognitively intact, legal services to obtain orders of protection, divorce proceedings, eviction protection and related services can be obtained through the domestic violence system. Legal protection against financial abuse and scams are accessed through the ageing services system.

d. Support groups for older women victims of abuse

Support groups for older women struggling with IPV have been important resources (Brownell & Heiser, 2006; Raymond & Brandl, 2008; Spangler & Brandl, 2003; Podnieks, 1999). According to Kaye (1995), support groups are considered crucial in providing a buffer against the negative consequences of ageing. Cited benefits of support groups for older women victims of family mistreatment include mutual feedback, empowerment, assistance with coping strategies, and social support (Podnieks, 1999).

Social support provided by groups for older women struggling with IPV is considered especially important in view of tactics used by their abusers to isolate them socially (Brandl and others, 2003). Key issues in planning support groups include time of the day (holding group sessions when older women are likely to be able to attend), providing transportation and food, ensuring freedom to leave the group, and funding. Confidentiality and safety have been identified as important considerations as well; the underlying assumption of support groups for IPV victims in the later stage of their lives include power and control as the underlying motive in the abusive treatment, unless proven otherwise (Brandl and others, 2003).

IPV support-group models can range from peer-led groups without set topic agendas to those centering on activities like sewing, quilt-making or art, with discussions about abuse secondary, to professionally-led groups with structured learning content. One psycho-educational support group model that has been evaluated for effectiveness was developed for a battered women's shelter (Schmuland, 1995), and tested in the community (Brownell & Heiser, 2006).

e. Domestic violence shelters for older women victims of abuse

Battered women's shelter programmes have not always been successful for older battered women. This has been because of limited resources that have led to prioritizing shelter beds for younger battered women and their dependent children, as well as a general lack of fit between shelter programmes and the needs of older women victims (Vinton, 1998). Outreach and the education of providers in service systems like ageing service networks – including senior centres and adult protection service systems – were also considered critical to the effective utilization of shelter services by older women. Most domestic violence shelters were found not to offer special programmes for older women (Vinton, 1998). Very few shelters having long-term care facilities have been established (Reingold, 2006), due to expense and lack of reimbursement by Governments and other funders. A shelter in a long-term care facility can accommodate older women victims of abuse who are also physically or cognitively impaired.

f. Training and education on abuse in later life for professionals and students

Training and educational programmes designed to raise professionals' awareness of domestic violence as a form of elder abuse address perceptions that intimate partner abuse in older couples doesn't exist, or isn't as serious as abuse in younger couples. A study conducted in the state of Florida, United States of America, compared the attitudes of students in the professions of social welfare, criminal justice and public administration towards younger and older victims of domestic violence. It found that students tended to minimize domestic violence between spouses/partners in older couples compared to younger couples (Kane and others, 2011).

Training manuals and toolkits for providers serving older women who are victims of abuse have been developed in both Canada and the United States of America. *Bridging Ageing and Woman Abuse: A Resource for Service Providers Working with Older Women Experiencing Abuse* was developed by the National Institute for the Care of the Elderly (NICE) at the University of Toronto. It provides an overview of what is unique about older women abuse, gives practical tips and information, explains informed consent, outlines safety planning guidelines and includes planning charts and other tools (NICE, 2009). *In their Own Words: Domestic Violence in Later Life* is a manual that can be used for training and conducting support groups for older women victims of abuse (Brandl & Raymond, 2008).

g. Interventions aimed at perpetrators

Treatment programmes for elder abuse perpetrators fall primarily into two categories: domestic violence/intimate partner abuse and elder mistreatment (gerontology). In the United States of America, most states have legislated batterers' treatment programmes as part of domestic violence prevention strategies, and these models are readily available online. While few focus entirely on older adult abusers, they suggest the inclusion of information on elder abuse as part of a focus on special populations, for example, in their curriculums.

The State of Rhode Island (2007) encourages—but does not mandate—programmes to develop group tracks and/or particular sessions that are geared towards certain specialized populations (for instance, repeat offenders, female offenders, elder abuse, non-partner violence, or others). A similar model, the Elder Abuse Perpetrator Programme, was implemented in Australia (Kingsley & Johnson, 1995). Another model has been developed for abusive and stressed caregivers. As discussed earlier, one psychological treatment programme for caregivers who abused, or neglected, an elderly dependent was developed in the United Kingdom (Campbell & Browne, 2002).

Treatment programmes for substance abuse and mentally-ill abusers may be utilized by the criminal justice system, as part of a court diversion programme sentence for family abusers, once the victim requests this and the abuser agrees. Perpetrators of abuse against older adults in need of protection are more likely to be sentenced to prison terms as opposed to treatment programmes.

h. National legislative approaches

Legislative developments at the national level reflect the differences between conceptual frameworks on the abuse of older women: whether it is an older adult protective programme, recognizes a form of elder mistreatment, or reflects intimate partner violence. Most—but not all—national legislation passed is fragmented, addressing women as part of domestic violence laws, older adults as part of family violence legislation (if at all), and older, care-dependent adults in need of protection, residing either in nursing homes or in the community, as part of laws to protect the vulnerable. Domestic violence legislation is not, in general, inclusive of older women specifically, and vulnerable older adult legislation assumes some degree of care-dependency on the part of the older adult victim; gender is not usually specified.

In Australia, there is no national legislation mandating reporting of elder abuse in the community. However, there is national legislation mandating the reporting of abuse against nursing-home residents to an office within the national Office of Quality Care and

Compliance, and to the police in the state where the reported abuse has occurred (Kurrle, 2013).

There is no elder abuse statute in Canada. Elder abuse and neglect cases are considered in criminal code law and some expansion of Canada's criminal Code R.S. 1985, c. C-45, s. 215, on failure to provide basic necessities to a care-dependent older adult (McDonald, 2013). Domestic violence statutes do not specify older women and abuse: this is subsumed, along with child protection, in family violence statutes (Sinha, 2012).

In Hong Kong, male and female elder abuse in the community is addressed in the Domestic and Cohabitation Relationships Violence Ordinance, formerly known as the Domestic Violence Ordinance. It was first enacted in 1986 to address spouse/partner violence, and subsequently amended in 2008 to include elder abuse by expanding victim categories to non-spousal family relationships (Tiwari and others, 2013).

The People's Republic of China passed the Law of the People's Republic of China on Protection of the Rights and Interests of the Elderly in 1996. Family members have the responsibility of supporting an older family member financially, physically and emotionally. Article 4 of this legislation prohibits discrimination and insults against, as well as maltreatment or desertion of, aged family members. A separate article (Article 48) addresses and establishes penalties for family members who exploit aged members financially (Tiwari and others, 2013). Domestic violence legislation prohibiting violence against women has been established but does not refer specifically to older women or women of any age.

In Taiwan, the Domestic Violence Act and the Senior Citizens' Welfare Act protect older adults (Tiwari and others, 2013). The Senior Citizens' Welfare Act was enacted in 1980, but it was only with the Amendment of 1987 that provisions for elder abuse prevention were included. The 2007 Amendment required local governments to strengthen the elderly protection system (HuiChing Wu, Associate Professor, Department of Social Work, National Taiwan University, Personal Communication, August 28, 2013). Unlike Hong Kong or the PRC, there is now mandatory reporting of elder abuse in Taiwan and, according to the Ministry of the Interior, elder abuse case reporting increased threefold from 2002 to 2010 (Tiwari and others, 2013).

In Ireland, the Irish Constitution (Bunreacht na Éireann) affirms the responsibility to protect the aged, but there is no specific legislation to protect older adults from abuse, and neither is reporting elder abuse mandatory (Phelan, 2013). The Domestic Violence Act, passed in 1996, may be used to protect abused older adults, however. Specifically, this Act, passed to protect domestic violence victims, enables State intervention, should fear or trauma prevent the victim from taking action (Phelan, 2013).

India does not have specific legislation on elder abuse; however, there are provisions in criminal law, civil law, property rights, family violence and mental health legislation that address specific aspects of elder abuse. For example, The Maintenance and Welfare of Parents and Senior Citizens Act of 2007 contains more effective provisions for the financial and social security of older family members. The Protection of women from Domestic Violence Act of 2005 recognizes violence against older people; however, its enforcement is limited (Shankardass, 2013; Shankardass, 2010).

Israel has a long history of legislation aimed at protection of the elderly. Both the Law of Legal Competence and Guardianship (1962) and the Law for the Defense of Protected Persons, 1966, provide protection for adults who are unable to care for themselves, and address issues of elder abuse and neglect, respectively (Lowenstein & Doron, 2013). The Law for the Prevention of Violence in the Family, passed in 1991, was intended to provide temporary relief for intra-familial victims of sexual, physical and mental abuse. Finally, a series of directives issued by the Director-General of the Ministry of Health in 2003 stated the intent to increase awareness of elder abuse and neglect, by instructing medical institutions to identify and report cases of elder abuse and neglect, and to develop specialized training and education for interdisciplinary care teams, that should include nursing, social work and medical professionals (Lowenstein & Doron, 2013).

Among African nations, South Africa, through its Older Persons Act (2006), explicitly prohibits abuse of older persons and provides a framework for reporting and litigating against older adult abuse. Other countries, including Kenya, Ghana, Tanzania, Mozambique, Uganda and Cameroon have developed national policies on ageing, which generally include provisions on elder abuse. In spite of general policy level advances, however, there are few formal programmatic responses to elder abuse and mistreatment (Aboderin & Hatendi, 2013).

In Kenya, there is a growing consciousness about elder abuse in the form of accusations about witchcraft, fuelled by media attention and HelpAge International field workers. To complicate matters, federal laws still exist from Colonial times prohibiting witchcraft, which can create difficulties for advocates seeking protection of older women accused of witchcraft by community members. The discourse on elder abuse and neglect, for example, in official references in Kenya's recently ratified (2009) National Policy on Ageing and Older Persons, does not yet acknowledge the connection with the abuse of older adults charged by community members with practicing witchcraft and subsequently injured and killed (Aboderin & Hatendi, 2013). According to HelpAge, older adults accused of witchcraft were, typically, women (Sleap, 2010).

In 2003, Kyrgyzstan adopted the Law on Social and Legal Protection from Domestic Violence, which required State authorities to afford protection to domestic violence victims. In order to ensure that older adult victims of domestic violence received

protection, a project called Right to Life without Violence in Old Age was initiated at the community level, to raise awareness about domestic violence against older people, use principles of mediation and conflict resolution, and work to eliminate harmful traditional practices (HelpAge International, 2012).

In many Latin American countries, there exists either family violence or elder abuse legislation at the national level. In Argentina, the 1994 Protection Law against Family Violence is enforced through Family Tribunal Courts (*Tribunales de Familia*), and the National Ministry of Social Development oversees policies for the prevention of discrimination and mistreatment of older adults (Daichman & Giraldo, 2013). Bolivia has a federal law against interfamilial and domestic violence. In Brazil, Law N° 10.741 (2003) established the protection of elders' rights. In Chile, the Law on Domestic Violence was amended in 2010 to include abuse of older people. Colombia passed a 1994 Law on Domestic Violence that, however, did not specify older adult abuse.

Costa Rica's Domestic Violence Law declared that people 60 years of age and older also experience violence. In El Salvador, Law N° 717, passed in 2002, mandated comprehensive care for older adults. Guatemala passed a law, Protection of the Elderly, on the prevention, punishment and eradication of domestic violence against older adults. In Mexico, violence against the elderly was criminalized in 2011. Nicaragua's Law N° 720, passed in 2010, established seniors' rights to live with dignity and security, free of exploitation, physical or psychological abuse.

In Peru, Law N° 28.803 (2006) guaranteed the rights of elders and made their families responsible for the welfare of dependent elderly parents. The Dominican Republic passed Law N° 352-98 in 1998 on the protection of ageing persons (Daichman & Giraldo, 2013).

Norway does not require mandatory reporting of elder abuse. Criminal law, however, now permits the police to bring charges against the perpetrator of domestic violence, including elder abuse, without the consent of the victim. Other forms of protection for older adult victims of abuse are guaranteed in health-care legislation and in the Guardianship Act of 2010 (Sandmoe, 2013).

Portuguese legislative policy on older adult neglect and abuse was developed under the umbrella of domestic violence. Legislatively, Portuguese law does not cover elder abuse directly; Law N° 112/09, Judicial establishment for the prevention of domestic violence, protection and assistance to its victims, distinguishes between domestic violence victims and vulnerable victims. The latter can include victims of advanced age, poor health status, psychological instability, and physical impairment that may be related to the victimization (Ferreira-Alves & Santos, 2011).

Spain does not have a law that regulates the State response to elder abuse. However, protection against domestic abuse for older adult family members are included in family

and domestic violence statutes (since 2003); and, in January 2007, Law N° 39/2006, Promotion of Personal Autonomy and Assistance to Persons in Situations of Dependency, came into effect. This law provided the groundwork for funding services needed by the dependent elderly to remain living safely in the community (Iborra, Garcia & Grau, 2013).

There is no single piece of legislation specifically concerning the protection of older adults in the United Kingdom (Penhale, 2013). Legislation passed to protect people who lacked the capacity to protect themselves, like the Mental Health Acts of 1983 and 2007, and the Mental Health Capacity Act of 2005, were not age-specific. However, the Family Law Act of 1996, and the Domestic Violence, Crime and Victims Act of 2004, covered elder abuse and familial homicide in a domestic setting. In England, Wales and Northern Ireland, legal solutions for vulnerable older adults were covered by these laws, along with some legal provisions for removing an adult at risk of harm to a safer place (Penhale, 2013).

In Scotland, the Adult Support and Protection (Scotland) Act 2007 provides protection for adults of all ages who are at risk of harm (Penhale, 2013). Older women victims of intimate partner violence could seek protection under this Act, as a vulnerable adult victim of domestic violence (Penhale & Porritt, 2010).

In the United States of America, the latest national legislation on elder abuse was the Elder Justice Act (EJA), passed into law in 2010 as part of national health-care legislation, the Patient Protection and Affordable Care Act (Ernst & Brownell, 2013). To date, The EJA, although signed into law, has not been funded by the United States Congress as part of the appropriations process. The Federal domestic violence legislation, the 1994 Violence against Women Act (VAWA) recognized older women in a category eligible for grants for community services and targeted training for law enforcement, but did not address policy decisions about violence against women, including older women, at state decision-making level, nor does it yet link VAWA and older women as victims of domestic violence with the Elder Justice Act and elder abuse (Blancato, 2013).

i. The United Nations

The 1979 Convention for the Elimination of all Forms of Discrimination against Women (CEDAW) General Recommendation No. 27, and the 2002 Madrid International Plan of Action on Ageing both referenced violence against older women (United Nations, 2003).

CEDAW General Recommendation No. 27 was adopted by the CEDAW Committee at its 42nd Session (Begum, 2010) and ratified by the United Nations General Assembly in December 2010 (Begum, 2010). As a result, a non-binding general recommendation on the

rights of older women supplemented the Articles of CEDAW.[8] Specific areas of concern related to abuse and exploitation of older women included: (Recommendation N° 26) Abuse of older women under some statutory and customary laws that deprived widows of economic security after the death of their spouses; and (Recommendation N° 27) Older women and exploitation and abuse, especially economic abuse, when their legal capacity was deferred to lawyers and family members (Begum, 2012).

Recommendations related to the prevention and elimination of the abuse of older women included: (Recommendation N° 36) Elimination of negative stereotyping and cultural practices that were prejudicial and harmful to older women and could lead to their physical, sexual, psychological, verbal and economic abuse; and (Recommendation N° 37) Draft legislation recognizing and prohibiting domestic violence, sexual violence and violence in institutional settings against older women, and investigating, prosecuting and punishing all acts of violence against older women, including those resulting from traditional practices and beliefs.

The Madrid International Plan of Action on Ageing, promulgated at the Second World Assembly on Ageing in Madrid, Spain, in 2002, included a section on neglect, abuse and violence. It stated that older women faced greater risk than men of physical and psychological abuse due to discriminatory social attitudes and the non-realization of human rights of women, and that some harmful traditional and customary practices resulted in abuse and violence directed against older women, who might face barriers such as poverty and lack of legal protection (Priority area III: Ensuring enabling and supportive environments, Issue 3, 108).

Recommended actions specific to older women included minimizing the risk of all forms of neglect, abuse and violence by increasing public awareness of, and protecting older women from, neglect, abuse and violence (Issue 3, Objective 1, f). The recommendation for further research into the causes, nature, extent, seriousness and consequences of violence against older women was made in Objective 1, f.

A study by the Office of the United Nations Secretary General (2006) recommended that Member States should carry out the systematic collection and analysis of data on violence against women, ensuring that data were disaggregated by age and well as gender, race, and disability. While violence against older women was not referenced by the United Nations General Assembly Human Rights Council in its Directive (Accelerating efforts to eliminate all forms of violence against women: remedies for women who have been subjected to violence, July 2, 2013), the final Outcome Document of the 57th Commission on the Status of Women included elimination of violence against older women as a recommendation.[9]

[8] CEDAW/C/GC/27
[9] E/CN.6/2013/11

CONCLUSION

Women can be victims of violence across their lifespan, yet neither the women's domestic violence movement nor the ageing empowerment movement has mobilized to end violence against older women. Elder abuse has been the object of many studies, whereas the abuse of older women has had only modest attention in the gender-based literature (Jönson & Åkerström, 2004). Older women have lacked status as battered women in domestic violence research and activism. Older women were often excluded in studies of violence against women and often completely absent, as though older women did not belong to the category of women.

Older women were often absent from discussions about shelters and hotlines, and there has lacked debate on the circumstances and special needs of older women victims of abuse that might affect help-seeking behaviour. In general, gender analysis of violence against women and girls has focused on male dominance and subordination of women, whereas subordination seems especially relevant for older women (Jönson & Åkerström, 2004).

There is growing awareness of older women victims of family mistreatment, both in terms of prevalence and in terms of commonalities and differences when compared to younger battered women. Both quantitative and qualitative research studies have begun to identify salient factors in cultural differences, age-related needs, and service needs and gaps for older women victims.

Clearly, definitional and measurement issues need to be addressed to obtain a clearer understanding of the prevalence of neglect, abuse and violence against older women. In addition, unifying themes that connect older women in developing and developed countries, and in traditional and modern societies, could be identified, as well as unifying themes that connect girls and women of all ages.

In addition, there needs to be more data on evidence-based practices for the prevention of, and intervention in, situations of neglect, abuse and violence against older women, and how they can be strengthened. Finally, a review of all laws related to neglect, abuse and violence against older women needs to be undertaken, including an analysis of their implementation and their impact on the reduction and elimination of abuse against older women.

Gender-based scholarship has begun to examine the application of frameworks for working effectively with older women victims of abuse. Gerontologists are focusing more research attention on older women and abuse, and human rights experts are recognizing the special vulnerabilities of older women who are care-dependent and may lack the ability to protect

themselves from undue harm without the special protection that goes beyond that needed by women of all ages who are not care-dependent.

Population ageing is a global trend that is changing economies and societies around the world. The feminization of ageing, representing the intersection of age and gender, has important implications for policy as the world continues to age. It is time for neglect, abuse and violence against older women to be made visible, and made to end.

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[i] See Agewell Foundation (2011). *Agewell study on human rights and status of older women in India*. New Delhi: Agewell Research & Advocacy Centre.

[ii] For a fuller discussion of the criminal justice perspective on the abuse of older adults, see Goergen & Beaulieu (2010).