



## VIOLENCE AGAINST OLDER WOMEN: A REVIEW OF THE LITERATURE

Montserrat Celdrán  
Universitat de Barcelona

*Although elder abuse and neglect are not unfamiliar situations in research and intervention programmes, current perspectives indicate that when highlighting age as a factor for this kind of violence, the gender perspective in the understanding of violence towards the elderly has been overlooked. This review attempts to shed light on this gender perspective when we look at what kind of abuse older people, and especially older women, are suffering. Three issues concerning the mistreatment of older women will be reviewed: the characteristics of intimate partner violence against older women, the health and quality of life consequences of this kind of abuse, and intervention programmes that can be implemented for this group. The aim of this paper is to provide a framework for starting up national studies and interventions regarding intimate partner violence against older women, an issue barely studied in our country so far.*

**Key words:** Intimate partner violence (IPV), Women, Ageing, Intervention.

*A pesar de que el maltrato y la negligencia hacia las personas mayores no es una temática desconocida ni a nivel científico ni de la intervención práctica, perspectivas actuales señalan que al resaltar la edad como factor explicativo de la violencia hacia este colectivo, se ha olvidado la perspectiva de género como forma de entender y actuar sobre la violencia hacia las personas mayores. Esta revisión bibliográfica se centra en esta cuestión de género a la hora de detectar e intervenir en la violencia dirigida hacia la mujer mayor. En concreto se analizarán tres ámbitos estudiados a nivel internacional: características del maltrato hacia la mujer mayor, consecuencias de dicho maltrato a nivel de salud y calidad de vida y propuestas de intervención hacia este colectivo. El artículo quiere servir de marco para iniciar estudios a nivel nacional sobre la problemática de las mujeres mayores que sufren violencia de pareja, tema todavía inédito en nuestro entorno.*

**Palabras clave:** Violencia, Mujer, Persona mayor, Intervención.

### ELDER ABUSE

The maltreatment of older adults is the least-studied aspect within the field of family violence, and for which there are fewest resources available for intervention programmes, compared to the cases of child abuse and violence against women in general (Tabueña, 2006). Nevertheless, the appearance of specialist journals (such as the *Journal of Elder Abuse & Neglect*), questionnaires (such as the Scales for the Detection of Risk for Domestic Violence and Self-Neglect Behaviours; *Escalas de Detección de Riesgo de Malos Tratos Domésticos y Comportamientos Autonegligentes*, Touza, Segura, Prado, Ballester, & March, 2009) and specific protocols for the elderly community is indicative of the work being done in this area.

A possible definition of this type of family violence affecting the elderly community was proposed by the *International Network for the Prevention of Elder Abuse* (INPEA <http://www.inpea.net/>): "Elder Abuse is 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." However, the definition of elder abuse is complex, since it can occur in a wide range of scenarios (family, institutional, social) and in various forms (physical, psychological, economic, etc.). (Muñoz, 2004)

Likewise, not all types of elder abuse have been studied in the same way. From the perspective of gerontology and geriatrics there has been great emphasis on situations of abuse arising in the context of the care of dependent older adults. Various studies have been carried out in Spain on the typical profile of elderly victims (Iborra, 2008); on the way such situations of abuse are perceived by professionals working in elderly care (SEGG, 2004); and on measurement and screening instruments for the detection of such abuse (e.g., Touza et al., 2009). Thus, victims of abuse in the family care context tend to be women, aged over 75, dependent for daily life activities, and in a situation of social isolation (Iborra, 2008). However, other types of maltreatment of the elderly, such as abuse by one's spouse or intimate partner, have been less studied.

Correspondence: Montserrat Celdrán. Universitat de Barcelona.  
Passeig de la Vall d'Hebron, 171. 08035 Barcelona. España.  
E-mail: [mceldran@ub.edu](mailto:mceldran@ub.edu)



### INTIMATE PARTNER VIOLENCE AMONG THE ELDERLY

For some years now, professionals and researchers have been becoming increasingly sensitive to the issue of gender violence against older women. For example, there are various projects funded by the European Union within the *Daphne* subprogramme on violence against women, including IPVoW (*Intimate Partner Violence and Older Women*) and AVOW (*Prevalence Study of Violence and Abuse against Older Women*), both of which have addressed the problem.

At least three scenarios in which situations of intimate partner violence against older women can occur are worthy of consideration (Brandl & Raymond, 1998). The first of these concerns cases of elderly couples in which there is a long history of mistreatment of the woman; where women have suffered abuse from their husband for most of their married life. It is important to highlight the fact that – particularly in Spain – cases of separation or divorce are still quite uncommon today among the older adult population: just 3.9% of older adults in Spain are divorced, according to the latest official report (*IMSERSO*, 2009). This low rate of separations, together with other characteristics of older women (lower purchasing power compared to elderly men; strong socialization according to strictly-defined gender roles) makes it difficult for older women to seek help in cases of ongoing mistreatment by their partner. Most research on intimate partner violence among the elderly considers only this type of abuse (Desmarais & Reeves, 2007).

Secondly, there are cases of intimate partner violence among older adults in which the abuse first appears in later life. Such abuse situations would be associated with the onset of illness in one member of the couple (e.g., dementia or delusions), with changes in family and social roles (“empty nest”; retirement), or with physical changes that cause difficulties at a sexual level in one or both partners (Band-Winterstein & Eisikovits, 2009; Desmarais & Reeves, 2007). Sometimes, however, these very changes can motivate older women who have endured an abusive relationship over many years to report the abuse to the authorities or the police, often after a divorce and/or the children have left home (Buchbinder & Winterstein, 2003).

Thirdly and finally, there will be women who begin a new relationship –which turns out to be abusive – in later life. However, at least in Spain, this situation is quite uncommon, as reflected in the statistics: new marriages involving older adults currently account for less than 2% of all marriages in this country (Sánchez & Bote-Díaz, 2005).

Research in the area of violence against older women in intimate partner relationships is not without its difficulties. Apart from the dearth of studies to date in this field, the research reviews carried out (e.g., Brandl & Cook-Daniels, 2002) highlight the problems involved in comparing and analyzing the different articles, which are due, for example, to discrepancies in the definition of mistreatment or abuse, the low representativeness of samples, or the sampling methods used. Furthermore, qualitative studies are over-represented, to the detriment of more epidemiological and quantitative studies with representative samples of the elderly population (Weeks & Leblanc, 2011), and this affects the potential for generalization of the results. This review of the relevant research focuses on three aspects: the characteristics of abuse against older women, its consequences, and the potential for intervention.

### CHARACTERISTICS OF THE MISTREATMENT OF OLDER WOMEN

Many surveys designed to enquire whether or not women have been abused within their intimate partner relationship fail to include women over 59 in their samples. On the one hand, this means that we cannot calculate the prevalence of the problem, and on the other, it reveals a lack of acknowledgment of the problem. Such discrimination by age would form part of the ageism faced by many older people at the work, personal and social levels (Butler, 1969). An exception in the case of Spain is the Macrosurvey on “Violence against women” (Instituto de la Mujer, 2007). This study showed that 6.9% of women aged over 65 were abused by their partners, a lower figure than the 9.6% found for the general population.

At an international level, results on the prevalence and typology of abuse endured by older women vary from study to study and according to the methodology and the type of mistreatment studied. For example, in some studies women over 60 were asked whether since the age of 55 they had suffered any type of abuse (Fisher & Regan, 2006), whilst in other studies participants were asked if they had been abused in the past year (Mouton, 2003). However, all the research carried out to date highlights the existence of mistreatment of women aged over 60. Cook, Dinnen and O’Donnell (2011) situate the prevalence of intimate partner abuse in over-50s at between 6 and 18% of the older population, though other authors report figures as high as 25% (Luoma et al., 2011). Moreover, as researchers in this field stress, the



abuse in question is of long duration (10 years or more) (Bonomi et al., 2007; Montminy, 2005; Wilke & Vinton, 2005), and can involve a combination of different types of abuse (physical, emotional, sexual, etc.). (Fisher & Regan, 2006; Leite, Cavalcante, & Reichenheim, 2008) Other authors point out the greater prevalence of emotional mistreatment (such as threats or control from the husband) or even economic abuse, as opposed to the more physical kind (Bonomi, Anderson, Reid, Carrell, Fishman, Rivara, & Thompson, 2007; Zink, Jacobson, Regan, Fisher, & Pabst, 2006).

Finally, studies that have compared the profiles of abused women according to their age found that the older the victim: (a) the greater her dependence on the abuser at an economic, emotional and even physical level (Beaulaurier, Seff, Newman, & Dunlop, 2007); (b) the greater the pressure of cultural imperatives about what marriage means and implies, which makes it more difficult for women to report their partners' abuse, and (c) the greater the family and social pressure on her to act as carer when her partner becomes dependent (Band-Winterstein & Eisikovits, 2009; Seaver, 1996). Moreover, as mentioned earlier, older women tend to suffer violence from their partner over a longer period of time (Wilke & Vinton, 2005) and tend to seek less help, even after having reported the abuser (Lundy & Grossman, 2009). For example, Band-Winterstein and Eisikovits (2009), in a qualitative study, interviewed 40 older women who had experienced or continued to experience domestic violence from their partner. Their results showed that the women continued to endure abuse, even though it was no longer so physical in nature; moreover, what clearly emerged was that they saw themselves faced with having to look after their partner, so that the dyad of caregiver-care recipient would constitute a new scenario for their continuing to experience maltreatment and humiliation.

### CONSEQUENCES OF THE MISTREATMENT OF OLDER WOMEN

The consequences of abuse against older women do not differ greatly from those found in younger women, as regards aspects such as severity of the violence, types of bodily harm or the presence of guilt in victims (Wilke & Vinton, 2005); however, it has been observed that older women tend to have more health problems, anxiety and somatization, and to use more medication (antidepressants, anxiolytics, etc.) (Stein & Barrett-Connor, 2000; Wilke & Vinton, 2005).

Thus, the impact of intimate partner violence on older women would involve not only physical but also psychological health; moreover, such abuse can in some cases lead directly or indirectly to the woman's death (McGarry, Simpson, & Hinchliff-Smith, 2011). First of all, studies comparing older women who are the victims of intimate partner violence with non-victim older women report poorer general health, both objective and subjective, in the former (Mouton et al., 2004; Mouton, Rodabough, Rovi, Brzyski, & Katerndahl, 2010). For example, the impact at a physical level can bring about bone and digestive problems, chronic pain, high blood pressure and heart disorders (Fisher & Regan, 2006; Fisher, Zink, & Regan, 2011; Zink, Fisher, Regan, & Pabst, 2005).

At a more psychological level, greater depression and anxiety have been found in older women abused by their partners compared to the older population in general (Fisher & Regan, 2006; Fisher et al., 2011; Mouton et al., 2010; Zink et al., 2005). It is also important to highlight the effects of long-term abuse on these women's sense of identity, on how they define themselves (self-concept) and on how they value themselves (self-esteem). From the perspective of Psychology of the Life Cycle, old age can constitute a period of reflection upon and appraisal of life, during what Erikson (1982) described as the final stage of his *Integrity versus Despair* theory. Buchbinder and Winterstein (2003) interviewed twenty women aged over 60 that had endured situations of mistreatment at the hands of their partners. These women's responses reflected an identity struggling with its past, its present and its future. Thus, looking back, they felt either that they were heroines for having put up with everything they had suffered, or disappointed with themselves for the same reason. In the present, they talked about the pain they felt over the sacrifices they had made in the past, especially in protecting their children, and sadness that such sacrifice was not rewarded with greater social and emotional support from their children today; as regards the future they envisaged for themselves, they were fearful, seeing the potential for being caught in a trap whereby they were dependent on their partner, whom in turn they may have to eventually look after when he became dependent himself.

Finally, some studies have even enquired whether the consequences of such abuse against older women could be fatal. For example, Baker, Lacroix, Wu, Cochrane, Wallace and Woods (2009) carried out a longitudinal study with women aged between 50 and 79, who were



asked whether they had experienced abuse – physical, verbal, or both – over the last year. They found a positive association between verbal and physical abuse and subsequent mortality in older women, even after controlling for variables such as age or educational level. However, these deaths were not the result of murder or manslaughter. Some authors argue that they can result from the stress of the situations they have endured, with its harmful effects on the women at a psycho-neuro-immunological level (Baker, 2007). Few studies have offered data on homicide of older women resulting from the intimate partner violence received, though the existing research has suggested that it may be due to neglectful caregiving or actual murder, with subsequent suicide on the part of the perpetrator (Karch & Nunn, 2011; Malphurs, Eisdorfer, & Cohen, 2001).

### INTERVENTION IN SITUATIONS OF INTIMATE PARTNER ABUSE IN OLDER PEOPLE

A third area in need of review here deals with the question of intervention programmes in the area of intimate partner abuse among older women. Before looking at some of the intervention already carried out, we should do well to consider two important aspects: the way the abuse of older women is seen by professionals, and the barriers that can prevent older women from using the services available.

#### *How professionals view intimate partner abuse among older adults*

Authors such as Scott, McKie, Morton, Seddon and Wosoff (2004) have noted the lack of communication and collaboration between professionals in the fields of gerontology and geriatrics and people working directly with abused women. Specialists in gerontological issues have tended to look at situations of abuse against older adults from the theory of stress and burnout in carers. By way of example we might consider the story recounted by Brandl (1997) that highlights how perverse this practice can be. She reproduces the account by a 70-year-old man who has inflicted several bruises on his wife:

“My wife is the most important person in the world for me. But she doesn’t understand how difficult things are for me. She can’t look after herself or the house, or cook. I’ve only hit her once – I lost control for a moment. It won’t happen again, I love her too much.”

In many cases the social services may recommend psychological support and help for this caregiver, and

regular care in a day centre for his wife, thus validating the assailant and empathizing with him. According to Straka and Montminy (2006), the model referring to elder abuse has a tendency to be based on help for the carer and on moving the dependent partner into residential care. However, if in this same story the aggressor were a 25-year-old man, we could be looking at an example of a wife batterer who downplays the problem, denies blame, and indeed shifts the responsibility to his wife for making him lose control (Brandl, 1997).

On the other hand, the professionals who work with abused women and the services available for them fail to take into account the needs and realities of older women in situations of intimate partner violence, so that, in general, the use this group of women make of such services is quite scarce (Straka & Montminy, 2006).

#### *Barriers to asking for help*

In general, these older women tend to report the violence they suffer and talk about it less than do younger women (Zink et al., 2005). Beaulaurier, Seff and Newman (2008) proposed a help model that included the different types of barriers encountered by older women prepared to seek help. The model covers internal and external aspects of the person and characteristics of the abuser, constituting three blocks of barriers that coincide with those proposed by other authors studying other groups of women (e.g., Grigsby & Hartman, 1997). As regards **internal barriers**, the model defines five types (Beaulaurier, Seff, Newman, & Dunlop, 2005): (1) *a desire to protect the family*, and above all the children, from the situation; (2) *feelings of self-blame* and resignation after so many years of domestic violence; (3) *feelings of being vulnerable* and dependent financially and socially on their partner; (4) *feelings of despair* over an uncertain future, and (5) *the importance of secrecy*, also common in other age groups, whereby “what happens in the family should stay in the family,” and not leak out to other areas of life. Thus, older women may understand in different ways what abuse is (because of their culture and upbringing), may not see themselves as abused, may feel more sense of stigma and shame at reporting their husbands, and may feel more lonely and socially isolated than younger women.

As far as **external barriers** are concerned, the model’s authors (Beaulaurier et al., 2007) identify three types: (1) these older women believe they will receive little support from the rest of the *family*; (2) there is considerable religious pressure, and *marriage is highly valued* in their community; (3) the women are mistrustful of the *judicial*





system and of *professionals* specializing in intimate partner violence, and (4) there are few *resources* available in their community for dealing with their problem. A lack of specific information on violence against older women, a belief that doctors and other professionals working in this area do not consider old age as a context involving situations of gender violence, or a fear that reporting their abuser will lead to their being put in residential care are more concrete examples of the external barriers these women might see in their way (Beaulaurier & Taylor, 2001; Zink, Jacobson, Regan, & Pabst, 2004). Finally, as regards the **characteristics of the aggressor**, these authors highlight *isolation* of the victim, *intimidation*, and *jealous behaviour* toward these women as helping to prevent their asking for help (Beaulaurier et al., 2008).

### **Interventions with older women**

In general, there are few specific instruments for detecting situations of IPV in older women, few services and intervention procedures up and running, and little research on the validity and utility of intervention programmes (Brownell & Heiser, 2006; Seaver, 1996; Vinton, 1999). For example, the review by Brandl and Cook-Daniels (2002) found just 26 articles dealing with services and interventions related to this group of women, and from which it emerged, indeed, that older women are reluctant to seek help and more likely to reject the intervention options offered to them. As regards specific instruments for the study of this phenomenon, they are few and far between, though one such tool would be the *Family violence against older women scale*, by Paranjape, Rodriguez, Gaughan and Kaslow (2009).

Studies on general services for victims of IPV reveal an under-representation of services and programmes for older women (Fisher, Zink, Pabst, Regan, & Rinto, 2003). For example, in a study carried out in British Columbia (Canada), Hightower, Smith, Ward-Hall and Hightower (2000) observed that only 2% of women in shelters or transition houses were aged over 60, and that just 4% of such houses offered specific programmes for older women. Moreover, where courses on prevention were provided to communities, there was a notable scarcity of presentations in senior citizens' centres. Nevertheless, once the awareness of the professionals involved towards the mistreatment of older women had been raised, researchers found improvements in service provision and attention to this group. For example, in a study with a five-year follow-up, Vinton, Altholz and Lobell-Boesch (1997) noted how,

at centres for IPV victims, the provision of specific services for older women increased from 8% to 22%.

One of the aspects on which most research work has been done is the utility and adaptation of female IPV victims' shelters in relation to older women. Some authors consider that the needs of older women are similar to those of younger women: a safe place to stay, satisfaction of their most basic needs, access to psychological counselling, healthcare provision, social and emotional support, and so on (Pritchard, 2000; Schaffer, 1999; Vinton, 1998); others argue that women's shelters are primarily designed for younger women, since support groups focus on aspects such as children and work, rather than issues related to the difficulties typically faced by older women who have reported their husband or partner for IPV. For instance, Straka and Montminy (2006) reviewed the problems women's shelters have for adapting to older women. They highlighted organizational and staff aspects, citing in particular the fact that such houses make no provision for the mobility difficulties of older people, and that staff are not familiar with the specific needs of older adults.

Authors such as Buchbinder and Winterstein (2003) go further, highlighting the specific intervention needs older women would have due to their age. In line once more with Erikson's theory, for these authors professionals working with older women IPV victims should take into account the importance of their life narrative, how they see their lives and how they understand the pain and suffering they have endured for so many years, so that they can be helped to build a future in which they feel stronger and more independent. Finally, an added problem is that, as observed in some interventions with older women, the proportion of them who actually leave their abusive partner is low. For example, Seaver (1996) described a programme in Milwaukee (USA) involving 132 older women that had been mistreated by their partners. The intervention included a weekly support group and education about services specially tailored to their needs, and even then only 39% decided to end the relationship with their partner.

### **DISCUSSION**

This article has presented a review of the literature on violence against older women from a gender perspective, highlighting its principal characteristics, its consequences and the potential for intervention. This approach to the field of the mistreatment of older women is crucial, given that neither gerontological nor geriatrics research, nor



even studies on intimate partner violence, have dealt to any significant extent with this type of elder abuse (Beaulaurier et al., 2005). Much of the research on IPV has been frankly ageist, failing to take into account old age as a stage in which this type of violence can occur, while studies in elder abuse have overlooked the gender dimension, on focusing on abuse in caregiving situations (Weeks & Leblanc, 2011).

It is very important to consider this gender perspective, since not only do cases of intimate partner mistreatment regularly occur in older women, but also, older women are often mistreated in situations of dependence. Thus, the woman is the victim in two types of abuse: when she needs a caregiver in her daily life activities, and when she is abused by her partner in a relationship without dependence. Nevertheless, it should also be stressed that these two types of mistreatment of older women are not mutually exclusive, since there may be cases of IPV that continue when one of the partners becomes more dependent due to health problems.

From this review of the literature, the following conclusions can be drawn. Intimate partner violence exists in older adults, and has different characteristics from those of IPV in other stages of the life cycle. In these older women a series of important negative factors come together, including aspects related to their generation-cohort in terms of access to education or employment which make them more dependent on their partners today, effects of the historical period in which they have lived their life and its values and ideas about marriage and domestic violence, as well as effects associated with their age and long exposure to abuse from their partners (Zink, Regan, Jacobson, & Pabst, 2003). Moreover, the fragility implied by a state of health potentially already debilitated by the ageing process (in both the woman and her partner) and the fear of loneliness or having to go into residential care make it even more difficult for such women to report the abuse they are suffering.

Furthermore, it is essential to rethink how services for women victims of IPV are organized, with a view to better serving the needs of older women. It will be necessary, on the one hand, to design training and education programmes for professionals and others working in this field in order to raise their awareness about older abused women, and on the other hand, to offer support groups and counselling services, organize prevention campaigns in senior citizens' centres, and set in motion other initiatives aimed at helping this group. Finally, we should be mindful of the extreme scarcity of research in this field

to date, which implies a need for both qualitative and quantitative/epidemiological studies so that we can learn more about the reality of abused older women – a need that is especially urgent in the Spanish context.

## REFERENCES

- Baker, M. W. (2007). Elder mistreatment: Risk, vulnerability, and early mortality. *Journal of the American Psychiatric Nurses Association, 12*, 313–321.
- Baker, M. W., Lacroix, A. Z., Wu, Ch., Cochrane, B., Wallace, R., & Woods, N. F. (2009). Mortality risk associated with physical and verbal abuse in women aged 50 to 79. *Journal of the American Geriatrics Society, 57*, 1799–1809.
- Band-Winterstein, T., & Eisikovits, Z. (2009). Aging out of violence: Multiple faces of intimate violence over the life span. *Qualitative Health Research, 19*(2), 164–180.
- Beaulaurier, R. L., & Taylor, S. H. (2001). Dispelling fears about aging with a disability: Lessons from the disability rights community. *Journal of Gerontological Social Work, 35*(2), 81–98.
- Beaulaurier, R. L., Seff, L. R., & Newman, F. L. (2008). Barriers to help-seeking for older women who experience intimate partner violence: A descriptive model. *Journal of Women & Aging, 20*(3/4), 231–248.
- Beaulaurier, R. L., Seff, L. R., Newman, F. L., & Dunlop, B. (2005). Internal barriers to help seeking for middle-aged and older women who experience intimate partner violence. *Journal of Elder Abuse & Neglect, 17*(3), 53–74.
- Beaulaurier, R. L., Seff, L. R., Newman, F. L., & Dunlop, B. (2007). External barriers to help seeking for older women who experience intimate partner violence. *Journal of Family Violence, 22*, 747–755.
- Bonomi, A. E., Anderson, M. L., Reid, R. J., Carrell, D., Fishman, P. A., Rivara, F. P., & Thompson, R. S. (2007). Intimate partner violence in older women. *The Gerontologist, 47*(1), 34–41.
- Brandl, B. (1997). *Developing services for older abused women: A guide for domestic abuse programs*. Madison: Wisconsin Coalition Against Domestic Violence.
- Brandl, B., & Cook-Daniels, L. (2002). *Domestic abuse in later life*. Washington, DC: National Resource Center on Domestic Violence.
- Brandl, B., & Raymond, J. A. (1998). Family violence in



- later life, situations of elder mistreatment another form of domestic violence that requires interdisciplinary solutions. *Victimization of the Elderly and Disabled*, 1(1), 3–4.
- Brownell, P., & Heiser, D. (2006). Psycho-Educational Support Groups for Older Women Victims of Family Mistreatment. *Journal of Gerontological Social Work*, 46(3-4), 145–160.
- Buchbinder, E., & Winterstein, T. (2003). “Like a wounded bird”: Older battered women’s life experiences with intimate violence. *Journal of Elder Abuse & Neglect*, 15(2), 23–44.
- Butler, R. N. (1969). Age-ism: Another form of bigotry. *The Gerontologist*, 9, 243–246.
- Cook, J. M., Dinnen, S., & O’Donnell, S. (2011). Older women survivors of physical and sexual violence: a systematic review of the quantitative literature. *Journal of Women’s Health*, 20(7), 1075–1081.
- Desmarais, S. L., & Reeves, K. A. (2007). Gray, black and blue: The state of research and intervention for intimate partner abuse among elders. *Behavioral Sciences and the Law*, 25, 377–391.
- Erikson, E. H. (1982). *The Life Cycle Completed*. Norton: New York.
- Fisher, B., & Regan S. (2006). The extent and frequency of abuse in the lives of older women and their relationship with health outcomes. *The Gerontologist*, 46(2), 200–209.
- Fisher, B. S., Zink, T., & Regan, S. L. (2011). Abuses against older women: Prevalence and health effects. *Journal of Interpersonal Violence*, 26(2) 254–268.
- Fisher, B. S., Zink, T., Pabst, S., Regan, S., & Rinto, B. (2003). Services and programming for older abused women: the Ohio experience. *Journal of Elder Abuse & Neglect*, 15(2), 67–83.
- Grigsby, N., & Hartman, B. (1997). The barriers model: An integrated strategy for intervention with battered women. *Psychotherapy*, 31, 485–497.
- Hightower, J., Smith, M. J., Ward-Hall, C. A., & Hightower, H. C. (2000). Meeting the needs of abused older women? A British Columbia and Yukon transition house survey. *Journal of Elder Abuse & Neglect*, 11(4), 39–57.
- Iborra, I. (2008). *Maltrato de personas mayores en la familia en España [Elder abuse in the family in Spain]*. Fundación de la Comunitat Valenciana para el estudio de la violencia (Centro Reina Sofía). Retrieved February 2012, [http://www.centroreinasofia.es/informes/Maltrato\\_Elder.pdf](http://www.centroreinasofia.es/informes/Maltrato_Elder.pdf)
- IMERSO (2009). *Las personas mayores en España. Informe 2008 [Senior citizens in Spain. 2008 Report]*. Madrid: Ministerio de Sanidad y Política Social.
- Instituto de la Mujer (2007). *La violencia contra las mujeres. Resultados de la macroencuesta [Violence against women. Results of the macrosurvey]*. Madrid: Ministerio de Trabajo y Asuntos Sociales e Instituto de la Mujer.
- Karch, D., & Nunn, K. C. (2011). Characteristics of elderly and other vulnerable adult victims of homicide by a caregiver: national violent death reporting system—17 US States, 2003–2007. *Journal of Interpersonal Violence*, 26(1), 137–157.
- Leite, C., Cavalcante, P., & Reichenheim, M. E. (2008). Rompendo o silêncio e suas barreiras: um inquérito domiciliar sobre a violência doméstica contra idosos em área de abrangência do Programa Médico de Família de Niterói, Rio de Janeiro, Brasil [Breaking the silence and its barriers: a household survey on domestic violence against the elderly in the area covered by the Family Doctor Program in Niterói, Rio de Janeiro, Brazil]. *Cadernos de Saúde Pública*, 24(10), 2289–2300.
- Lundy, M., & Grossman, S. F. (2009). Domestic violence service users: A comparison of older and younger women victims. *Journal of Family Violence*, 24, 297–309.
- Luoma, M. L., Koivusilta, M., Lang, G., Enzenhofer, E., De Donder, L., Verté, D., Reingarde, J., Tamutiene, I., Ferreira-Alves, J., Santos, A. J., & Penhale, B. (2011). *Prevalence Study of Abuse and Violence against Older Women. Results of a Multi-cultural Survey in Austria, Belgium, Finland, Lithuania, and Portugal (European Report of the AVOW Project)*. Finland: National Institute for Health and Welfare (THL). Retrieved February 2012, <http://www.thl.fi/thl-client/pdfs/e9532fd3-9f77-4446-9c12-d05151b50a69>
- Malphurs, J., Eisdorfer, C., & Cohen, D. (2001). A comparison of antecedents of homicide-suicide and suicide in older married men. *American Journal of Geriatric Psychiatry*, 9(1), 49–57.
- McGarry, J., Simpson, C., & Hinchliff-Smith, K. (2011). The impact of domestic abuse for older women: a review of the literature. *Health and Social Care in the Community*, 19(1), 3–14.
- Montminy, L. (2005). Older women’s experiences of psychological violence in their marital relationships. *Journal of Gerontological Social Work*, 46(2), 3–22.



- Mouton, C. P. (2003). Intimate partner violence and health status among older women. *Violence Against Women, 9*, 1465–1477.
- Mouton, C., Rodabough, R., Rovi, S., Brzyski, R. G., & Katerndahl, D. A. (2010). Psychosocial effects of physical and verbal abuse in postmenopausal women. *Annals of Family Medicine, 8*(3), 206–213.
- Mouton, C., Rodabough, R., Rovi, S., Hunt, J., Talamantes, M., Brzyski, R., et al. (2004). Prevalence and 3-year incidence of abuse among postmenopausal women. *American Journal of Public Health, 94*, 605–612.
- Muñoz, J. (2004). *Personas mayores y malos tratos [The elderly and abuse]*. Madrid: Ediciones Pirámide.
- Paranjape, A., Rodriguez, M., Gaughan, J., & Kaslow, N. J. (2009). Psychometric properties of a new scale to assess family violence in older African American women: The Family Violence Against Older Women (FVOW) Scale. *Violence Against Women, 15*, 1213–1226.
- Pritchard, J. (2000). *The needs of older women: Services for victims of elder abuse and other abuse*. Bristol, UK: Policy Press.
- Sánchez, P., & Bote-Díaz, M. A. (2005). Los mayores ante el nuevo matrimonio. El caso de España [The elderly and remarriage. The case of Spain]. *Revista Española de Geriatría y Gerontología, 40*(3), 158–165.
- Schaffer, J. (1999). Older and isolated women and domestic violence project. *Journal of Elder Abuse & Neglect, 11*(1), 59–77.
- Scott M., McKie L., Morton S., Seddon E., & Wosoff, F. (2004). *Older women and domestic violence in Scotland... and for 39 years I got on with it*. Edinburgh: Health Scotland.
- Seaver, C. (1996). Muted lives: Older battered women. *Journal of Elder Abuse & Neglect, 8*(2), 3–21.
- Sociedad Española de Geriatría y Gerontología (SEGG). (2004). La percepción de los profesionales sobre negligencia, abuso y maltrato a las personas mayores [Professionals' perception of negligence, abuse and mistreatment of the elderly]. *Revista Española de Geriatría y Gerontología, 39*(4), 240–254.
- Stein, M.B., & Barrett-Connor, E. (2000). Sexual assault and physical health: Findings from a population-based study of older adults. *Psychosomatic Medicine, 62*, 838–843.
- Straka, S. M., & Montminy, L. (2006). Responding to the needs of older women experiencing domestic violence. *Violence Against Women, 12*(3), 251–267.
- Tabueña, M. (2006). Los malos tratos y vejez: un enfoque psicosocial [Abuse and old age: a psychosocial approach]. *Intervención Psicosocial, 15*(3), 253–274.
- Touza, C., Segura, M. P., Prado, C., Ballester, L., & March, M. X. (2009). *Personas mayores en riesgo. Detección del maltrato y la autonegligencia [Elderly people at risk. The detection of abuse and self-neglect]*. Madrid: Ediciones Pirámide.
- Vinton, L. (1998). A nationwide survey of domestic violence shelter's programming for older women. *Violence Against Women, 4*(5), 559–571.
- Vinton, L. (1999). Working with abused older women from a feminist perspective. *Journal of Women & Aging, 11*, 85–100.
- Vinton, L., Altholz, J. A., & Lobell-Boesch, T. (1997). A five-year follow up study of domestic violence programming for older battered women. *Journal of Women & Aging, 9*, 3–15.
- Weeks, L. E., & LeBlanc, K. (2011). An ecological synthesis of research on older women's experiences of intimate partner violence. *Journal of Women & Aging, 23*(4), 283–304.
- Wilke, D. J., & Vinton, L. (2005). The nature and impact of domestic violence across age cohorts. *Affilia, 20*(3), 316–328.
- Wolf, R. S. (2001). Support groups for older victims of domestic violence. *Journal of Women & Aging, 13*(4), 71–83.
- Zink, T., Fisher, B. S., Regan, S., & Pabst, S. (2005). The prevalence and incidence of intimate partner violence in older women in primary care practices. *Journal of General Internal Medicine, 20*, 884–888.
- Zink, T., Jacobson, J., Regan, S., & Pabst, S. (2004). Hidden victims: The healthcare needs and experiences of older women in abusive relationships. *Journal of Women's Health, 13*(8), 898–908.
- Zink, T., Regan, S., Jacobson, J., & Pabst, S. (2003). Cohort, period, and aging effects: A qualitative study of older women's reasons for remaining in abusive relationships. *Violence Against Women, 9*, 1429–1441.
- Zink, T., Jacobson, C. J., Regan, S., Fisher, B., & Pabst, S. (2006). Older women's descriptions and understandings of their abusers. *Violence Against Women, 12*(9), 851–865.