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Violence and Abuse in the Lives of Older Women:  
Is it Elder Abuse or Violence Against Women? Does It Make Any Difference?  
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Women are the majority of the older population in virtually all nations of the world (WHO/INPEA 2002, 3) In both the developing and developed world older women are victims of poverty, of inequality, and of violence and abuse.

The purpose of this essay is to stimulate informed discussion around the interrelationships among gender, age, power and control, and violence. The primary sources for this literature review reflect the western, developed world perspective of the author, whose experience is primarily Canadian and who has found useful research primarily in North America, Australia and Great Britain. The knowledge that is most useful is that which comes out of interactions between practice-oriented research and efforts to pull conceptual and forward-looking ideas and policies out of front-line work, both informed by actively seeking the collaboration of erstwhile victims. The hope that motivates all this, of course, is that the goal of eliminating abuse of all kinds may be achieved, and the faith that appropriate policies and programmes can move us toward that goal both by helping victims more effectively and by raising public awareness, concern, and revulsion against violence in all its forms.

Violence against women is debated by some and recognized by most as a significant social, economic and health problem, but there is a general perception that it is a problem for younger women and that violent behavior within a family setting ceases at some mature age. This perception has resulted in a gap in the wealth of information on intimate partner violence, as the problems and specific needs of older women are very rarely recognized or addressed, within the research literature or by service providers. Violence and abuse in the lives of women over the age of fifty is viewed as an issue of age victimization, and thus categorized as elder abuse. Research and practice in the elder abuse field is framed within a medical model. It focuses on people who are frail and require support to meet their daily living needs, if they are not in chronic need of medical care. This model supports a view of the elderly as sexless, in which male and female victims of elder abuse are indistinguishable. The 'Elder Abuse' label reflects a societal predisposition to homogenize older people by not taking into account individual differences, including gender.

This perspective on older adults has resulted in the failure of advocates and service providers in the area of violence against women to view the abuse of older women through the lenses of gender and power, and to recognize that older women too need services such as shelter, crisis intervention, safety planning, counseling, advocacy and peer support groups. Furthermore, as has been suggested by Aitken and Griffin, "older women at present have no lobby in the human rights forum as addressed by feminists" (1996,155).

The realities of the lives of many older women are lost when age alone becomes the focus and central element of an issue of abuse and neglect common to both men and women. The fact is that older women may experience abuse at the hands of their partners throughout life. To paraphrase a popular love song, "What's age got to do with it"?

Should age, and not the act or the relationship between the perpetrator and victim, determine whether the violence is identified as elder abuse or violence against women? A woman who has been physically abused during her marriage does not become a victim of elder abuse at the age of sixty five. While it may be relevant to know that the victim is an older woman, that does not change the nature of the violence (Anike, 1999, 1).

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Our empirical work (see endnote for a brief description and reference to *Silent and Invisible*) has confirmed what was suggested by the limited research that was available, that domestic violence is present in the lives of older women.

.... Abuse is not primarily about old age at all but about certain damaging patterns which have continued into old age. This applies mainly to situations within the family; for example elder abuse is sometimes simple marital violence which has continued into old age. (Vinton 1992)

As demonstrated in *Silent and Invisible* (2001), abuse of women in later years within the family may be a continuation of long term partner abuse, it may begin with retirement or the onset of a health condition, or it may occur in an intimate relationship started in later life. Within the broader family setting, it is recognized that some older women suffer violence and abuse at the hands of their adult children and even grandchildren. In these cases the term 'family violence' may be a more appropriate label.

### **Defining the Issue: Violence Against Women**

The term 'violence against women' refers to many types of harmful behavior directed at women and girls because of their sex. As defined in Article 1 of the United Nations Declaration on the Elimination of Violence Against Women, these include:

Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. (United Nations 1993)

Obviously, there is nothing in this statement which implies that older women, or women of any age, are excluded from this definition. An epidemiological report from the School of Public Health, Johns Hopkins University (1999) suggests that research and advocacy activities demonstrate that there is growing consensus that abuse of women and girls is best understood within a gender framework since this abuse stems in part from women's and girls subordinate status in society. This report further states that one of the most common forms of violence against women, world wide, is abuse by their husbands or other intimate male partners. It also concludes that research and personal accounts of women victims show abuse by an intimate partner is generally a part of a pattern of abusive behavior and control.

Power, and the misuse of power, is central to the issue of gender based violence (Bowker 1983, Browne 1997, Brandl and Raymond 1997, Seaver 1996, Vinton 1992). Accepting the position that violence against women hinges on control and domination (Kaufman, 1994, 146) and as we examine the different approaches to abuse in the lives of younger women and older women one needs to acknowledge the over arching elements of ageism that affect the lives of older women. Issues of violence and abuse in the lives of older women may be best researched and addressed within a framework of gender, power and control and age.

This approach clearly recognizes that domestic or partner or family violence is a fact in many older women's lives. It recognizes that older women like younger women can suffer physical, sexual, financial and emotional abuse at the hands of their intimate partners, and that older women may also be vulnerable to abuse from adult children and grandchildren.

Crimes reported to the police provide one kind of evidence on sources of violence against older women. Data from most parts of Canada included 359 Criminal Code violent offenses against women aged 65 and older in which the perpetrator of the violence was a relative of the victim. Among these perpetrators, 40% were the victim's husband, 40% her adult child, 12% a sibling, and 8% other family including extended family (Statistics Canada 1998a, 9, 24).

Statistics Canada notes that "current statistics on abuse of older adults likely underestimate the extent of the problem since victims may be reluctant to identify themselves due to embarrassment, guilt or fear, or a lack of awareness that an offence has taken place" (1998a, 23). Women who are emotionally involved with

and financially dependent on their abuser are likely not to report physical abuse within the family to the police.

The abuse that is least likely to go unreported is murder. Nearly a third (30%) of homicides in Canada from 1978 to 1997 in which the victim was a woman aged 65 or older were committed by a spouse or former spouse of the victim. Other perpetrators included sons (15%), daughters (3%), and other family (10%) (Statistics Canada 1998a, 38).

The high proportion of spousal homicides supports the suggestion that abuse of older women is often a continuation of wife assault. In contrast, the risk of homicide against older men was far greater outside of the family than within. (Statistics Canada, 1999, 38)

A recent community project on mistreatment of older adults in Quebec found that almost one half (61 of 128, 48%) of situations of abuse of older women occurred in a spousal relationship. In many of those cases, violence had been a problem for over 25 years (Lithwick, Beaulieu and Gravel 1999). At least 5% of older British Columbians have suffered from one or more serious forms of abuse at the hands of a spouse, relative or other close contact (Podnieks et.al. 1990).

## **Defining the Issue: Elder Abuse**

Elder Abuse is defined as single or repeated act, or lack of appropriate action, occurring within a relationship where there is an expectation of trust, which causes harm or distress to an older person. (Action on Elder Abuse, quoted by WHO/INPEA 2002)

While there are some differences in the research literature as to what is defined as elder abuse in general, within most research, policy and practice it is categorized as physical abuse, psychological or emotional abuse, financial abuse, sexual abuse and neglect. However, within some definitional frameworks violation of human and civil rights are also included.

Historically, elder abuse service providers have emerged from a more professional approach based on a strong medical model of service. This approach often leads workers to view all older adults as vulnerable and dependent. Harbison supports this view, suggesting that Elder Abuse and Neglect “was constructed as a social problem by experts and a product of “expert knowledge” (1999, 59) Those who provide services for older adults are trained to understand the processes and complexities of aging and deal with age related issues such as dementia and impaired mobility. For this reason, they are believed to be well equipped to manage issues of violence toward older people. (Sedger 2001) Difficulties with this approach include its paternalistic and ageist implications, and ignoring the criminality of acts that would be treated as criminal if the victim were of a younger age.

Using the ‘elder abuse’ label for spousal violence has very unfortunate consequences in terms of public perceptions. There has been much improvement with respect to violence in the lives of younger women where the common understanding of violence in intimate relationships has shifted, from seeing it as a private matter in which others have no right to intervene, to seeing it as a crime which the state has an obligation to address. The ‘elder abuse’ label for violence in intimate relationships tends to leave crimes against older women, and they are crimes, back in the closet (Sedger 2001). As noted in the report *Missing Voices* (WHO/INPEA 2002), research in the field of Elder Abuse within a medical framework emphasizes pathology, and a focus on the characteristics of the perpetrator and the victim. Substance abuse, mental illness and cognitive disabilities are given major roles in causing or explaining elder abuse. There is little attention given to gender issues and there seems to be an underlying thread of “blaming the victim” particularly in research on caregiver stress. These rationalizations seem to blame victims for being too needy and relieve perpetrators of responsibility for abusive action.

In health and social services practice, in what we often call ‘the helping professions’, there is often a fine line between education and manipulation. While understanding that service providers want to “do what is best for their older client”, their concern, empathy and desire to make things better for the client may lead them

to unintentionally limit their access to information and their rights to take what time they need to reach their own goals and expectations. Professionals may inadvertently disempower older adults, implicitly categorizing them as children. Terminology like “adult day care” exemplifies this. For example, staff of a shelter for battered women reported that the nurses responsible for continuing care eligibility assessments in their area had poor knowledge of causes of violence against women and support for its victims. Stereotyping and judgmental attitudes were observed, including a continuing care assessor reprimanding an elderly women resident in the shelter, for “putting herself in a dire situation.” Dignity and independence are core values that apply to seniors, as to all adults. Perhaps they become more important to seniors as they age and ageism takes its toll on their perceived value in society.

## Age and Ageism

Throughout our research on this problem, it has been clear that much of the on going research on the issue of women’s human rights in regard to equality and social justice ignores the realities of the lives of many older women. It is suggested that the specter of ageism blocks contemporary attention to these issues.

The elderly in our society are generally rejected, but we are particularly disdainful of older women. The discrimination begins in infancy and escalates as we become mature women. But it doubles as we grow older, for then we are not only women, but old women, perceived as unattractive, unneeded and parasitical. (Cohen 1984, 11)

When one compares the different approaches to abuse in the lives of younger women and older women, the effects of ageism are clearly seen. Harbison suggests that a major contributing factor influencing research, policy and practice in addressing abuse in the lives of older adults is the underlying fact that older persons status in society has flowed from the needs of the economy and the labour market (1999, 63). Since Adam Smith, we have been taught that our value to society is our economic productivity. Economic institutions and values permeate our society and shape the perceptions and actions of individuals, even in their homes. These are issues of power and control.

As newspapers, magazines, and radio were supplanted by television, there was a shift from a verbal to a visual and then multimedia system of mass communications. Now, the contemporary meaning of “elderly” is communicated by stereotypical visual and auditory images rather than words. The second effect has been to deliver a mass audience to advertisers and entertainment producers with vested interests in communicating stereotypes that support the products, services, and values they sell. Consumerism means equating value with price and valued objects with ownership. But if consumerism replaces human relations, unproductive people become chattels. Thus it is a concern that in the media, the word “retired” is being equated with words like “vulnerable” and “unproductive.” We are talking about institutional prejudices that are reflected in both attitudes toward and treatment of older people.(Hightower 1995) Similarly, it appears that older people have been encouraged to think of themselves as disengaged, giving up responsibility for their own lives to professional experts and caregivers. This approach to age and aging obviously supports the professional medical approach to issues of abuse in later life, and to older women being ignored in feminist scholarship.

Background research and our own experience support Aitken and Griffin's assertion (1996, 57) that “on the whole, feminism has distanced itself from older women”, and, they continue, “our literature, our music, our visual images, our political analysis and organizing tell us less about old women than about how thoroughly we younger women have absorbed male society’s avoidance of our aging selves” (Macdonald and Rich, quoted by Aitken and Griffin 1983, 57).

Feminist theorists, advocates and providers of services for women have given scant attention to issues of violence and abuse in the lives of older women, seemingly accepting the popular culture and its institutionalized stereotyped view of old age in general and older women in particular. The homogenizing of older people into a frail gray neuter anonymity creates a picture of old age which is consistent with the assumption of dependency which dominates the medical model of service to clients dependent on professional service providers. The attitudes, assumptions and approach to issues of abuse in older life within the medical model is exemplified by the development of elder abuse services that parallel the child abuse model (Sacco 1990, Vinton 1997). Some Canadian provinces have legislation on reporting and investigation of elder abuse. As in the United States, the underlying philosophy in this legislation, similar to

child protection legislation, is one of protecting vulnerable and dependent persons (Gordon & Tomita 1990, American Association of Retired Persons, 1992).

### **Progress On Violence and Abuse in the Lives of Older Women**

In 1991 Carol Seaver and the Milwaukee Women's Shelter developed one of the first programs in the United States to serve older women victims of spousal violence .(Seaver 1995) The issue came to the forefront in the United States in the middle 1990's when the American Association of Retired Persons took the lead in encouraging special programming for abused older women. This work included an invitation to older women to write to the AARP with their stories of abuse, and a national survey of shelters for abused women to ascertain services being provided for older women (American Association of Retired Persons, 1992, 1994). Linda Vinton (1992, 1998) conducted this national survey of shelters in the United States, following a survey of shelters in the state of Florida. She noted that perceiving older women as abused elders rather than battered women has had great ramifications in terms of the types of referrals. In a five year follow-up to a survey of shelters in Florida regarding services to older women, the researcher noted that only two or 8% of the shelters had such programming in 1990. In 1995 five (22%) had such programming. During this time the percentage of older staff, board members and volunteers also increased (Vinton 1997). Nationally there has been an increased focus on abuse of older women with organizations such as the Wisconsin Coalition Against Domestic Violence developing training and informational packages. There has also been an increase in the linkages between those providing refuge and community services to assist victims of partner violence and the network of aging services (Vinton 1997). This kind of coordination makes it possible to develop a network of services at the local level to offer support and options to older women victims of abuse within their family setting (Brandl & Raymond 1997).

From the findings of this research there developed an awareness of a lack of knowledge and understanding of the dynamics of partner violence on the part of those providing services to older adults (Brandl 1997, National Centre on Elder Abuse 1996, Seaver 1996, American Association of Retired Persons 1992). This conclusion was also suggested in a survey of transition houses in British Columbia and the Yukon (Hightower et.al. 1999)

It is encouraging to see some increase in attention to the issue of abuse of older women, since our initial survey of shelters in 1998, by those who advocate in the area of violence against women, and some growth in the United States and in Australia in the numbers of agencies providing services to older abused women. The understanding that older women are still vulnerable to partner violence has been led by a small group of women advocates in the United States which has resulted in the evaluation of existing community based programmes for abused women and the development of new services. As a result of this advocacy some cross training workshop materials have been developed to bring together social and health services providers and those providing services in the area of violence against women in order to better serve the needs of older abused women. In Australia as part of a project on Women's Health an action research project was undertaken in 1997 on identifying the needs of older women who are isolated and who are living with or have lived in an intimate relationship with a violent partner. This was followed more recently by a national study on domestic violence in the lives of older men and women (Morgan Disney\_2000). "Older women Speak Up" is the title of a collection of stories and vignettes of their lives by abused older women, subtitled "older women are empowered by telling our stories of violence in the home", recently published in Australia (Sargent and Mears 2000).

The Violence Against Women Act (VAWA) in the United States, renamed "Victim of Violence Prevention Act of 2000" when re-authorized by Congress and signed into law in October 2000, included important new provisions directed to older and disabled women victims (National Centre on Elder Abuse 2000). Medical Journals such as the American Family Physician, in articles on Health Screening of Older Women are including discussions of screening for domestic violence in older women (Mouton and Espino 1999, Nudelman 1999). Legal publications are also beginning to address the issue; for example, the *Wisconsin Lawyer* published an article on Domestic Violence in later life (Speltz and Raymond 2000). References to issues of partner violence in later life are appearing on websites of numerous Women's organizations in the United States. In May of 2000 a report on the needs of older women was released in Britain. While the framework of the research was age based, the author highlights the long term and complex needs of abused older women. Seventy seven percent of the study subjects were female. Sixty four percent of the

women victims were over 75 years old, sixty six percent of the known abusers were male. Physical abuse was the most common form of abuse, found in 58% of cases (Pritchard 2000).

Ageism seems to have affected both the elder abuse and the violence against women approaches. Neither deals with the common fact of a continuum of violence throughout the life span. Neither deals with the role of the older generation in intergenerational transmission of violence, though *Silent and Invisible* provides evidence of three-generation transmission of violence as behaviour learned in the home. Tactics of abuse and control are elements of child abuse, partner abuse and abuse of older persons. In the medical model approach to elder abuse there are also elements, perhaps unintentional, of power and control by service providers over dependent service recipients.

## Impacts of Abuse

Our research reinforces what is clear in the literature, that violence and abuse perpetrated by spouses and children negatively impacts the health and wellbeing of older women. In recent years we have begun to recognize and address the intergenerational factors of violence. The behaviour of grandparents as well as parents has a significant effect on young children. When violence is present, it creates the facade that violence in families is the norm, perpetuating the cycle of violence.

Some of the impacts of living in or ending an abusive relationship are effects on the victim as an individual. Others may be at a community or societal level. Our findings on this are specific to Canada, and except where other sources are cited we do not know if they are applicable elsewhere. The unattributed quotations in this section are from anonymous informants and are taken from *Silent and Invisible*.

In terms of health, one of our informants, who was at the time still in an abusive relationship, said

This extreme history of abuse has brought on several health challenges; ulcers, irritable bowel syndrome, stress, etc.

One of the oldest women among our informants told of abuse in her second marriage nine years ago, and about not being able to stand the constant anxiety and confusion. She left the relationship six months ago. Now, she said,

I feel fairly confused, but I'm able to sleep and I'm getting some rest.

Some older women are believed to fear that if they disclose their abuse to health care workers or social workers, they may be institutionalized. Such fears would probably keep a woman from seeking help. Some of the more elderly women found that since they had left their relationship they felt more isolated and lonely. Some implied that this isolation reflected their feelings of shame and sense of failure, which made it difficult for them to interact freely with their neighbours. It increased their sense of isolation if they had to leave surrounding in which they had spent a great many years of their lives.

There are impacts of spousal violence that affect communities as well as individuals. Some substantial recent work in the violence against women field has addressed the consequences for children of witnessing violence in the home (Sudermann and Jaffe 1999, Edleson 1999, Fantuzzo and Lindquist 1989, Markowitz 2001). In our empirical work, we heard from women abused when their children were young about their great concern for the impact on their children. It is interesting that these women, although they are clearly not familiar with the academic and clinical research on children who witness violence, express the same conclusions in similar terms. What many of these older women added to the discussion is their observations of their children's behaviour as adult partners and parents, thus extending the intergenerational impact of children witnessing violence to the third generation. This seems to lend support to the theory that violence and aggression are learned behaviors (DeKeseredy and MacLeod, 1997; Barnett et al, 1997)

An Australian report (Morgan Disney 2000) talks of adult children's concern that their mothers not leave an abusive marriage in later life, as that would impact on their inheritance. In our data, there is no mention of this by the abused women, but some seniors' advocates mentioned older women being harassed by sons and daughters for what they termed "their inheritance".

Sometimes children more directly take money from a parent. One victim said:

I didn't know that it is quite common for children to rob their parents and go to any lengths to get control of their savings.

Financial abuse may go so far as to literally deprive older adults of their homes and life savings, forcing them to either accept being taken into someone else's home, or become homeless.

The impacts on older women of leaving an abusive relationship are associated with various problems and risks that are not present or are not the same for younger women. The potential losses include financial means and security, a home in which a woman may have invested a lifetime of care, and decades worth of the mementos and treasures that become increasingly precious in the later years of life. Many need to find a place where they can take a dog or cat that has been the major source of support in recent years.

A sixty-eight year old woman whose second husband took off and left her to deal with their bankruptcy has limited capability in English, and serious health problems. The only positive support in her life is a dog that she loves very much. It has been suggested to her that to cut expenses she should get rid of the dog.

## Conclusion

Our research has been defined and organized within a feminist perspective on power, control and gender with the added consideration of age. Tactics of abuse and control are elements of violence and abuse across the lifespan. We suggest that by looking at issues of violence against older women through this lens rather than within the framework of elder abuse, the nature of the violence and abuse in their lives is seen to have a continuity and parallel with violence in the lives of younger women. This is in contrast to the elder abuse framework that seems to imply that chronological age is sufficient to account for victimization

We have concluded that it is essential in research, policy and practice that observations and actions be viewed through the frameworks of gender, age, and power and control. Eliminating violence requires action at many levels, from the societal to the individual. Much of the required changes will have to occur first at a community level, and it is at this level that victims, advocates, those who provide services to women or older adults, and opinion leaders in the community can best communicate and develop a shared understanding. It is that understanding of realities and values that can lead to the societal change that is our goal.

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Endnote:

*Silent and Invisible* (Hightower et.al. 2001) is a research project that examines violence and abuse in the lives of older women of fifty and older in British Columbia. The first phase of the research project involve a survey of women's shelters in British Columbia and the Yukon. The major findings were that women age 60 and over were only about 2% of the women served, and those 50 to 59 were also substantially under represented at 6% of shelter clients. Phase two involve focus groups of health and social services, women's services and senior's advocates. Issues faced by abused women identified by these groups were defined as social and geographic isolation , poverty, ageism, housing and health . The final phase involved a province -wide public outreach campaign. Older women were invited to call in or write in and share their stories. Other stories came through individual interviews through interpreters, and two groups of women who had left abusive situations. Sixty four life stories of violence and abuse were received from women 50-87 years of age. Most of the abusers were husbands and a few were sons or daughters.

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