Domestic Violence in Later Life
Annotated Bibliography

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This article discusses findings related to external barriers to help seeking by older women in the Domestic Violence Against Older Women study. Data for the study was collected data using 21 focus group discussions with 134 women (ages 45 to 85) older women who experienced and those who did not experience domestic violence. External barriers identified included unsupportive response from family, spiritual guidance and beliefs that encouraged women to stay with abusive partners, fear of police and perception that legal interventions are not helpful, and perception that help or services for domestic violence are not available for older women or too confusing to use. Implications for community outreach and future research are also discussed.


This cross-sectional study describes the prevalence, types, duration, frequency, and severity of lifetime intimate partner violence in women aged 65 and older. The study is based on data collected from a total of 370 women who were randomly sampled from a health care system. Findings showed that 26.5% of women experienced lifetime intimate partner violence, 18.4% experienced physical or sexual violence, and 21.9% experienced nonphysical violence. Furthermore, 3.5% of the total population experienced violence in the five years preceding this study and 2.2% experienced violence in the year preceding this study.


This study examined similarities and differences in the experiences of domestic violence by older White, African American, and Hispanic women. Data used were collected from domestic service agencies funded by the Illinois Coalition Against Domestic Violence and focuses on 2,702 women aged 55 and older. Findings showed that the percentage of

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This annotated bibliography has been prepared as a part of VAWnet’s special collection, Preventing and Responding to Domestic and Sexual Violence in Later Life. The bibliography includes selected journal articles from year 2000 onward and focuses specifically on domestic violence against older women.
women who reported physical and emotional abuse was similar in the three groups but differences were found in the reporting of sexual abuse. The three groups also differed in terms of sources of referral and self-referral to domestic violence programs. Service needs were similar for women in the three groups. Implications for research and for services to elder survivors of domestic violence are also discussed.


This study examined physical abuse and stalking victimization among older adults. Data for this study was drawn from the National Violence Against Women (NVAW) Survey. A sample of 3,622 adults (women and men) aged 55 and older was used from the total sample of the 8,000 men and 8,000 women 18 years and older. Findings suggested similar rates of physical assault and stalking victimization between adults over 55 years and the total sample. Respondent’s employment status and alcohol consumption were significantly associated with physical assault but not stalking, and marital status was significantly associated with stalking but not physical assault. Compared to men, older women were found to be three times more likely to experience physical assault by their current partners.


This study examined barriers to reporting domestic violence faced by older African American women living in the rural South. The study analyzed quantitative data from the Federal Bureau of Investigation and qualitative data collected using key informant interviews and focus group discussions. Three primary barriers were identified. First, traditional gender constructions forced women to stay in abusive relationships, blamed victims, and stigmatized women for domestic abuse. Second, women depended on the perpetrator for financial and emotional support and feared retaliation and abandonment. Third, women did not trust police to maintain confidentiality and to respond adequately. The authors note how each barriers point to intersectionality of race, gender, and location in reporting domestic violence to law enforcement.


This study compared differences in the experiences of domestic violence by older women (aged 65 years and above) and younger women (aged 18-64 years). Data for this study was collected by the Illinois Coalition Against Domestic Violence from 70 domestic violence centers in Illinois. These centers maintained web-based data collection system called InfoNet. Findings showed that compared to younger women, older women were less likely to be working and more dependent on public assistance, more likely to experience abuse by a relative, and more likely to have special needs and/or disabilities. Older women were also less likely to be receiving services, such as individual or group counseling, and less likely to be in an onsite shelter. Implications of these differences for research and practice are discussed.

This study examined domestic violence in older women, focusing on individual characteristics of older women and their abusers and their service needs. Data used in this study were collected from domestic violence centers in Illinois, and the study sample included a total of 1,057 persons 65 and over. Findings showed that slightly more than one third of the respondents (37.6%) reported that their abuser was their current or former husband and almost half (46.6%) reported that their abusers were relatives other than spouses. Almost all of the respondents reported to emotional abuse (95.9%), and 71% reported physical abuse. Almost one third (35.3%) of the respondents were referred to domestic violence program by the police. The largest service need for older domestic violence survivors was found to be personal or emotional support (78.6%). Implications of these findings are discussed.


This study examined risk and protective factors for family violence in the lives of African American women (aged 50 and older) receiving primary care at an inner-city hospital. Data for the study was collected using six focus groups discussion, and a total of 30 women participated in the focus groups. The study found many risk and few protective factors. These included individual characteristics of the survivor or perpetrator, combined survivor–perpetrator characteristics, and characteristics of the community in which the survivor–perpetrator live. Drawing on these findings, the authors present an explanatory risk and protective factors model for family violence in the lives of older African American women.


This article discusses the background of domestic two contexts within which older women experience domestic violence. The first context discussed is the long-standing wife abuse or intimate partner violence experienced by women over the years. The second context discussed is violence against aging caregivers or violence perpetrated by older person against the caregiver older wife and older daughter. The association between the two contexts is examined. Also discussed are implications of the findings for nurses in gerontological practice.


This study examined the prevalence of intimate partner violence (IPV) among women between the ages 50 and 64. The study included a total sample of 620 women who were recruited from the emergency department of a large hospital and several freestanding primary care clinics. Findings showed that 5.5% (34 women) of the total sample reported IPV in the two years preceding this study. This study also found that compared to women
who did not report abuse, a higher percentage of women who reported abuse were
received public assistance in the past 12 months (47.1%), had a recent history of
homelessness (14.7%), and were at a higher risk for HIV. Significantly higher percentage of
abused women reported being tested for HIV (64.7%) and being HIV seropositive (8.8%).
Implications of these findings for social workers are discussed.


This article describes the dynamics of abuse in later life, a victim-centered response to
domestic violence in later life, and collaborative approach to address elder abuse. In the
dynamics of abuse in later life, the authors describe power and control by perpetrators,
consequences of abuse, and barriers faced by older women to reporting abuse. In the
discussion on victim-centered response, the authors note that older women’s safety and
empowerment must be the primary focus and offer information about identifying and
addressing later life abuse. In discussing collaborative approach, the authors emphasize
multidisciplinary teams and present various collaborative ways to address elder abuse.

Straka, S. M., & Montminy, L. (2006). Responding to the needs of older women

The authors reviewed existing literature to describe the two “paradigms” - domestic
violence and elder abuse – and how these conceptualize and respond to abuse. Included in
this review are descriptions of dominant approaches used by the two paradigms and
analysis how well these approaches meet the needs of older women. The authors
emphasize collaboration between elder abuse and domestic violence service providers to
effectively serve older women who experience domestic violence.


This article describes Elder Abuse Domestic Violence Collaborative Project, which was
implemented in a Florida community that had a high proportion of older residents. The six-
month performance evaluation showed significant improvement in services. Local domestic
violence shelters provided more than 100 hours of crisis hotline counseling, case
management for six individuals, and emergency shelter of one older woman. The
collaborative also developed and disseminated a plan for its replication.


This study analyzed data from the National Violence Against Women Survey (NVAWS) to
compare the extent and nature of domestic violence experienced by younger women (18-29
years and 30-44 years) and older women (45 years and old). Findings showed that both
younger and older women who experienced abuse mostly did not report abuse to the
police, a higher percentage of older women were in violent relationships, and older women
remained in violent relationships longer than younger women. Compared to younger
women, older women had a higher rate of chronic mental health problems and medication use. Older women were less likely to use domestic violence service and more likely to visit health care providers. These findings suggest similarities and differences in the experiences of domestic violence by age groups.