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The Prevalence of Elder Abuse:
A Random Sample Survey

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Abstract

This paper reports on the first large-scale random sample survey of elder abuse and neglect. Interviews were conducted with 2020 community-dwelling elderly persons in the Boston metropolitan area regarding their experience of physical violence, verbal aggression, and neglect. A prevalence rate of overall maltreatment of 32 elderly persons per 1000 was found. This figure translates to an estimate of between 8,646 and 13,487 abused and neglected elders in the greater Boston area, and between 701,000 and 1,093,560 nationwide. The paper identifies specific sub-groups of the elderly population who appear to be at greatest risk of maltreatment and discusses implications for public policy.

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INTRODUCTION

The past decade has seen increasing public and professional interest in the problem of elder abuse. This interest stems from four important social changes. First, there has been tremendous growth in the elderly population, which has in turn led to an increase in the number of people personally and professionally concerned about aging. In promoting social action on behalf of the elderly, advocates have drawn public attention to many areas where society's actual relationship to the aged belies its ideals. One such area is in family life. Professionals who work with the elderly have increasingly pointed to the degree to which the family relationships of the elderly can be conflictual, sometimes to the point of actual physical violence or other actions which seriously threaten health and well-being.

A second factor, related to the growth in the elderly population, is the increasing political power of the aged. In recent decades, age-based organizations have grown in size and strength; some now number their members in the millions (Hudson and Binstock, 1976). Politicians and other policymakers fear the exposure of elder abuse cases as they do incidents of child abuse; such events indicate a lack of concern for vulnerable individuals in society. The greater political attention paid to the aged is certainly an important impetus behind mandatory reporting laws and other state-level interventions.

Third, the resurgence of the women's movement in the 1970's has prompted a re-examination of myths about family life and an increasing recognition that the family can be extremely oppressive to some of its more vulnerable members. Since the middle 1970s, the women's movement has conducted a major campaign of public awareness about wife abuse and family violence. Researchers allied with the women's movement have pointed out that, in spite of social preoccupations about crime by strangers, vulnerable family members are at greatest risk of victimization by intimates and other relations. These concerns have helped build a foundation for the interest in maltreatment of the elderly which followed.

A final source of interest in elder abuse is the increasing willingness of the state to intervene in family life. There has been enormous growth since the late 1960s in the portion of state bureaucracy which is dedicated to protecting vulnerable individuals. These "protective services" emerged primarily in response to concerns about disadvantaged, disabled and maltreated children, and reflected new social standards about the quality of care children deserved. Protective service workers educated the public about these standards and legitimized a number of state interventions into family life, including: a) reporting laws which encouraged and required professionals (and even private citizens) to make official reports about suspected maltreated persons, b) investigatory procedures designed to substantiate reports of abuse, and c) state custody over vulnerable individuals to separate them from family and provide them with more secure environments. Already familiar with conducting these interventions on behalf of children, it was but a short step for state protective services to expand the domain of their advocacy to include the vulnerable elderly (Salend et al., 1984; Crystal, 1986).

These social forces have combined to create considerable momentum behind efforts to identify and protect the maltreated elderly. Laws

mandating the reporting of elder abuse have been passed in many jurisdictions. Special social agencies have been established to intervene in these cases. Many workers have been trained in techniques for identifying maltreated elders. In the case of elder abuse, however, as with many social movements, practice runs far ahead of knowledge. Very basic facts about the problem are still undetermined: How widespread is the problem? Who are the most vulnerable elderly? What are the effects on them of maltreatment?

A number of studies have tried to answer some of these questions (see Johnson et al., 1985 for a comprehensive review). With rare exceptions, researchers have relied on samples of cases that have come to the attention of a social agency or reporting authority. It is widely recognized, however, that these are highly selective samples, and that there is a large reservoir of unreported and undetected cases of elder abuse about which very little is known. Unreported cases may be similar to cases that are reported; however, they may be quite different.

One common refrain in virtually every report on elder abuse is the lack of firm findings on the extent and nature of the problem. The writers of review articles frequently cite the conceptual and methodological weaknesses of most of the existing studies (Pedrick-Cornell and Gelles, 1982; Yin, 1985; Hudson, 1986; Pillemer and Sultor, forthcoming). These problems include unclear definitions of elder abuse; reliance on professional reports rather than victim interviews; and failure to use rigorous research designs, such as random-sample surveys and case-comparison studies. Thus, we do not know from prior research how much elder abuse there is or who is most likely to be abused.

This study was conducted to assess the scope and nature of maltreatment of the elderly occurring in the community at large, including unreported and undetected elder abuse. It was the first large scale random sample survey of the problem, involving over 2000 elderly persons in the Boston, Massachusetts metropolitan area. In this paper, we report on the findings concerning the prevalence rates for various types of maltreatment, and identify subgroups of the elderly population who appear to be at greatest risk.

Methodology

Sample Design

The study was designed as a stratified random sample of all community-dwelling elderly persons (65 or older) in the Boston metropolitan area. Boston was selected because it is a major metropolitan area that has a strong network of elderly services and a high level of awareness about the problem of elder abuse. It was also chosen because of an unusual record system that allowed for an efficient sampling process. Under Massachusetts law, each municipality in the state is required to conduct and publish an annual listing of the residents of every dwelling. These lists contain the name, birthdate and occupation of all residents. In other states without these listings, many dwellings would have to be screened to identify elderly persons in the community; in Massachusetts, however, the dwellings containing elderly persons could be identified ahead of time from the lists.

The study was designed to oversample some groups of the elderly of particular interest to the project. From the literature, it is clear that aged persons who live with others are at higher risk for abuse compared to those living alone (cf. O'Malley, et al., 1979; Wolf et al., 1984) because the opportunities for abuse are greater. Moreover, the literature on elder abuse and family conflict takes a great deal of interest in elderly persons living together with their children, even though this constitutes no more than 10% of all the elderly. Thus the study was designed to oversample elderly individuals living with others, and particularly to oversample for those living with persons of a younger generation. In the statistical analyses presented below, weights were applied to compensate for the over-sampling.

The interviews were conducted in two stages. The screening stage consisted of an interview of approximately 30 minutes intended to identify whether the respondent was a victim of maltreatment. The follow-up stage consisted of another 30 to 45 minute interview with individuals who were identified as abuse victims plus a group of non-abused controls.

The interviews were conducted either by telephone or in person. Starting with the names selected from the city and town lists, an attempt was made to obtain a phone number for the respondent from the telephone directory assistance, contact him or her, make an appointment, and conduct the interview by telephone (an introductory letter had been sent out in advance). If a telephone number could not be obtained for the respondent, if the respondent had obvious difficulty using the telephone, or if the respondent preferred it for any reason, an interviewer was sent to the household to conduct the interview. Follow-up interviews were conducted by telephone or in person according to the mode of the initial interview and depending on the respondent's wishes.

Conducting interviews on sensitive subjects over the telephone is a technique that continues to raise concerns among some researchers. However, the evidence from the research literature is reassuring. Studies of the general population (Frey, 1983), and of the elderly (Herzog et al., 1983; Johnson and White, undated) that have compared telephone and in-person interviews on sensitive subjects have consistently failed to show disadvantages to the telephone mode. Studies of family violence conducted over the telephone (Schulman, 1979) have obtained rates very consistent with studies conducted in person (Straus, Gelles and Steimetz, 1980). In fact one particular advantage of telephone interviews in studying family conflict is that they allow more privacy than is often available in in-person interviews. Other relatives in listening proximity to the telephone respondent only hear answers like "yes", "no", or "last year" without knowing what questions are being asked. Moreover, telephone interviewing is effective with less mobile elderly persons who are used to conducting much of their social relations over the phone, and may allow access to individuals unwilling to allow strangers into their home because of concern about crime victimization.

The findings from the current study confirm the appropriateness of telephone interviewing for the study of sensitive issues. Comparing the 1379 telephone respondents and 642 in-person respondents in the present study, it was found that the rates of abuse reported over the telephone were not lower than rates reported in person. In fact, in the primary difference between the two modes, the telephone interviewees reported

having experienced more ($p < .05$) verbal aggression against themselves than did the in-person interviewees. Neither this nor any of the other findings suggest that it was more difficult to obtain candor about sensitive matters over the telephone.

Nonetheless, the in-person and by-telephone respondent groups were dissimilar in some ways. In-person interviewees were older, had lower incomes, and were less well educated and in worse health. We would anticipate that such individuals are less likely to have or to be able to use a telephone. This finding confirms the wisdom of our not relying exclusively on the telephone interviews with the elderly, since it might have excluded some important older, lower socio-economic status and impaired individuals.

Of course, not all elderly persons living in the community are capable of being interviewed. There is a group of individuals who are too physically or mentally impaired and who, unfortunately, may for these reasons be at particular risk of maltreatment. Thus, every effort was made to get information on these persons as well. When interviewers making contact with a household were informed that the designated respondent was incapable of being interviewed, and when they were convinced that this was not simply a subterfuge to prevent contact with the respondent directly, interviewers then conducted interviews with a proxy. The proxy was the person in the household who was the primary caregiver to the designated elderly respondent.

It might be imagined that it would be fruitless to interview another family member about abuse that he or she may have perpetrated against the elderly person. Surprisingly, however, the rates of reported maltreatment were actually higher in the proxy interviews than in the interviews with the elderly themselves. This does not necessarily mean that family members are generally more candid about maltreatment than the elderly themselves. The situations in which proxy interviews were conducted were all situations where, because of the incapacitation of the elderly person, the risk of maltreatment was expected to be higher.

The Center for Survey Research at the University of Massachusetts, which conducted the survey from September, 1985 through February, 1986, was fairly successful in obtaining respondent participation in all phases of the study (See Table 1). Of 3366 elderly households selected for the study from the street lists, 16% turned out to be ineligible (because of moves, or mistakes in the lists). Of the 2813 eligible respondents, 72% actually could be interviewed directly (1911) or by proxy (109). Of the 312 elderly persons designated for follow-up interviews, 262 (84%) agreed to do so. These are participation rates consistent with or even higher than studies of less sensitive subjects.

< INSERT TABLE 1 ABOUT HERE >

The sample was quite representative of the elderly population of the Boston Standard Metropolitan Statistical Area (Table 2). Females outnumbered males almost two to one, as in Boston and elsewhere. The age and racial demographics of Boston were also well reflected in the sample.

< INSERT TABLE 2 ABOUT HERE >

The Survey Instrument. The main subject of the study was abuse and neglect of the elderly; unfortunately, these are not concepts which have been clearly defined (cf. Johnson, 1986). We chose to limit the study to three forms of elder maltreatment -- physical abuse, neglect and chronic verbal aggression, which could be operationalized and about which there would be substantial agreement. Other forms of elder abuse are certainly as important as the forms we selected for study, and no claim is being made that the concept of elder abuse and neglect should be defined for purposes of social policy along the lines defined here. These restrictive definitions of elder abuse and their operationalization were necessary to comply with the needs of a telephone survey.

The definitions are as follows. Physical abuse in this study, meant at least one act of physical violence against the respondent since he or she had turned 65 years of age. It was operationalized using a modified form of the Conflict Tactics Scale (Straus, 1979), an instrument that has been used in many studies of family violence. The items making up the modified CTS are listed in Appendix A. Respondents were administered the CTS regarding their relationships with their spouse, one co-resident child (if present), and one other member of their social network with whom they reported significant conflict. Neglect, was defined as the deprivation of some assistance that the elderly person needed for important activities of daily living, either 1) on multiple occasions; and or 2) in a way deemed serious by the respondent. Neglect was operationalized using a section of the older Americans Resources and Services (OARS) instrument concerned with activities of daily living (Duke University Center for the Study of Aging and Human Development, 1978), which was augmented to inquire about situations when needed help was withheld (see Appendix B). Chronic verbal aggression was defined as the elderly person being insulted or threatened at least ten or more times in the preceding year. These verbal aggression items form a part of the CTS.

Although this is, to our knowledge, the most systematic study of elderly maltreatment yet done, the design nonetheless has two important limitations, of which the reader should be aware. First, the sample consisted of elderly living in the community. Elderly in nursing homes, hospitals, and institutions were not included in the sample. Second, the use of the Massachusetts city and town lists probably resulted in the exclusion of some elderly persons from the sample. The lists undoubtedly contain some errors and omissions. Moreover, there is a time lapse of several months between the listing and the publication of the lists. During this time, people may have changed address.

FINDINGS

The survey found 63 elderly persons (55 via direct interviews and 8 via proxy respondents) who had been maltreated according to one of the three study criteria. This translates into a rate for the sample of 32 maltreated elderly per 1000. Given our sample size, this yields a 95% confidence interval of 25-39 maltreated elderly per 1000 (that is, the true figure has a 95% chance of being in this range). With an elderly population in the Boston SMSA estimated at 345,827 for 1985, we would thus estimate that there were between 8,646 and 13,487 abused elderly persons in the Boston area. If a survey of the entire United States were to find a rate similar to the one in Boston, it would indicate between 701,000 and 1,093,560 abused elders in the nation as a whole. Rates were also

calculated for each type of maltreatment (Table 3). Forty elderly persons had experienced physical violence (20 per 1000), 26 verbal aggression (11 per 1000), and 7 neglect (4 per 1000).

< INSERT TABLE 3 ABOUT HERE >

The maltreatment uncovered in the survey covered a wide spectrum from relatively minor to severe, and from single incidents to chronic violence. As an example of an isolated incident, a male respondent reported that his wife had punched him once in the course of an argument, but that she had never done so again. In a more serious case, an elderly woman described an incident that had occurred over a year before; her husband had struck her during an argument about household chores, causing a bloody nose. However, the violence had not been repeated.

In other families, the maltreatment was more systematic. The following three case studies (in which certain identifying characteristics have been altered) provide examples of the more extreme abuse and neglect uncovered in this study.

. A woman lived with her middle-aged unmarried son. She was well educated and generally in good health. Her son had beaten her severely a number of times, bruising and scratching her. She suffered broken ribs and a concussion after one particularly violent episode. Nevertheless, she was protective of her son in the interview, and attributed the violence to his emotional problems.

. A retired businessman described frequent conflicts with his wife over how money was spent, and over their relationships with children and other relatives. These conflicts have led to violent acts by his wife. She had pushed and slapped him, and hit him with objects. This man reported that his wife's behavior towards him had become worse as she has gotten older.

. A woman reported that her husband had been occasionally violent towards her throughout their 40-year relationship. However, as she became older and more frail, she also became less able to defend herself. She reported recent injuries from the violence.

Thus, while the abuse varied in intensity, it is clear that the study uncovered some cases similar to those reported to adult protective services agencies.

The maltreated elderly or proxy respondents also indicated the identities of those who had maltreated them (Table 4). Nearly three-fifths of the perpetrators were spouses (23 wives and 14 husbands). In ten cases the perpetrators were sons; in five, daughters; and in eleven cases, other persons (grandchildren, siblings, boarders) were the perpetrators.

< INSERT TABLE 4 ABOUT HERE >

We examined the data to see if any particular groups of elderly were at higher risk for maltreatment. Interestingly, the rates of abuse and neglect were no higher for minority than for white elderly, no higher for older (over 75) than for younger (65-74) elderly, and not significantly different for those of any religious, economic or educational background.

Some groups of the elderly were at higher or lower risk, however (Table 5). Elderly persons living alone, as predicted, had much lower rates of abuse, about one fourth that of those living with others. Consistent with this finding, the widowed, divorced and never married were less likely to be abused. Among persons living with others, those living with a spouse and at least one other person seemed particularly vulnerable to maltreatment. Another factor associated with risk for overall maltreatment was health status. Those in poor health were three to four times as likely to be abused. In addition, males were more likely to be abused than females.

Physical violence and neglect were somewhat distinct in terms of the characteristics that best predicted risk. Living situation and gender seemed to be most associated with risk for physical violence, while neglected elderly persons tended to be in poor health and to report that they did not have close contacts on whom they could count in time of difficulty.

< INSERT TABLE 5 ABOUT HERE >

ACCURACY OF PREVALENCE ESTIMATE

This first large scale random sample survey has found that approximately 32 per thousand of the elderly population have been victims of at least one of the three most readily identifiable forms of maltreatment -- physical violence, chronic verbal aggression, or neglect in some important area of daily functioning. This figure may seem high to some people, who find it hard to believe anyone would maltreat an elder. On the other hand, it may seem low to others, especially those who work with abused elders (or wives or children) and have become accustomed in recent years to alarming statistics about the extent of family violence.

The accuracy of the present estimate may be assessed in two ways: 1) by comparing it to other research which has tried to measure the extent of elder abuse; and 2) by evaluating it in the light of some of the limitations that we know are present in the current study.

Other attempts have been made to estimate the prevalence of elder abuse in the population at large. A figure that has been very widely cited in the past -- that 4% of the elderly are abused (Block and Sinnott, 1979) -- does appear to be very similar to the current findings. Unfortunately, Block and Sinnott's figure was derived from an unreliable survey of the elderly, and has no scientific credibility. These investigators did attempt a random sample survey in the Washington, D.C. area. However, the response rate was so low (16%), and the final sample size so small (73 persons), as to invalidate the findings. Moreover, the survey appears to have asked about knowledge of abuse, rather than the actual experience.

A survey with a more sound scientific basis was conducted by Gioglio and Blakemore (1983), who questioned a random sample of 342 elders in the state of New Jersey. Only 5 of these respondents reported some form of maltreatment, yielding an estimate of 15 per thousand. Although this figure is lower than the present study, it is based on a small sample and thus has a very large confidence interval (2-28 per thousand); therefore, the difference between the rate in Gioglio and Blakemore's study and the present one is not statistically significant. Moreover, the New Jersey

study used volunteer interviewers and less precise measures of abuse, which are likely to have contributed to the lower rate.

A better study against which to validate the current findings is a recent national survey on family violence (Straus and Gelles, 1986). This study involved a very large national probability sample (5168 persons, including 520 elders), which, like the present study, used the Conflict Tactics Scale (CTS) to measure abuse. Unfortunately, Straus and Gelles only measured spousal violence towards the elderly. But the data from the current study can be recalculated to exclude verbal abuse and neglect and to include, like the Straus and Gelles research, only physical violence by spouses among the currently married elderly. When the phenomena being measured are made as identical as possible, figures from the Straus and Gelles survey show 52 per thousand elderly reporting being subject to physical violence in the last year by a spouse*1 compared to 25 per thousand from the current survey.

The higher rates for elderly spousal violence in the Straus and Gelles survey may stem from a number of factors. There may be regional variations in the level of violence for elderly couples. For example, New England is lower than other regions on a number of violence indices, such as reported homicides, assaults and rapes (Linsky and Straus, 1986), and the difference may reflect a lower rate of elder violence for New England compared to a national sample. Second, the Straus and Gelles study as a national sample had a good representation of some high risk groups, such as black couples, which are sparse in the Boston sample. Studies of conjugal violence at younger ages show rates for black Americans nearly twice that of whites. Thus, the comparison to the Straus and Gelles survey suggests that the Boston estimate may be too conservative. If the Boston methodology were replicated on a national level, it is possible that the rates would be somewhat higher than those found in the present study.

There is an additional way in which to evaluate the validity of the prevalence rates in the current survey -- in terms of the known limitations of the methods and the definitions used. For example, certain of the constraints on the survey almost certainly have led to some underestimation of the amount of elder abuse. Three of these constraints are particularly noteworthy. First, the survey excluded all institutionalized elderly. The literature on nursing homes indicates that the institutionalized elderly, who tend to be older, poorer, in worse health and less supported by their relatives than community-dwellers, are possibly at higher risk of being abused (cf. Pillemer, 1986).

Second, the survey may have excluded some of the most transient elderly in the population. This was because we only contacted elderly who were on city and town lists and therefore had been at the same residence since the time (anywhere from six to twelve months earlier) when the list was made. The group of transient elderly could include persons in poor health, those who were under stress, those who were a burden to their families, and those who were moving to get away from maltreatment. Inclusion of this group might have increased the rate of maltreatment.

Third, the survey almost certainly did not achieve full candor from all those who had been maltreated. Admitting to being abused is difficult and embarrassing for anyone even under the best of circumstances. Moreover, some victims of abuse would likely be concerned about the possibility of

punishment or retaliation from their abusers, if they told. We tried to minimize these problems in several ways. Interviewers were given extensive training on promoting candor in the interviews. We conducted the interviews under the most confidential conditions possible to minimize the intimidation of the interviewees. Our questions were designed to reduce any sense of deviance or stigma about the events the respondents were being asked to report. The results of the survey indeed appear to indicate substantial success for these efforts. However, there was certainly some abuse or neglect that interviewers could not detect; therefore, the study is likely to have undercounted to some extent the number of abused elderly.

Finally, the prevalence findings from the study also need to be evaluated in terms of the definitions of abuse that were used. Compared to what is usually considered elder abuse in the social service sector, our definitions are both narrower and broader. They are narrower in that they exclude many important kinds of situations that are widely considered serious types of abuse: for example the elderly whose money or assets are stolen or swindled by family members, or elderly who are forced into guardianship or institutionalization. They also exclude "self-abuse" or "self-neglect" (persons who are too debilitated to meet their own needs), categories that constitute a high proportion of what is considered elder abuse in some jurisdictions.

At the same time, there are some respects in which our definitions of elderly abuse are broader than those that would be used by social agencies. An elder who had been pushed or shoved on one occasion (for example, a wife pushing her husband with no resulting injury) would probably not be defined as abused under reporting requirements used by protective service programs. Further, some of the cases which we count as abuse because they involve verbal aggression would seem too minor for agencies to be concerned about. Thus, to some workers in the field, aspects of our definition may appear to inflate the amount of elder abuse. The net effect of the overly narrow and overly broad aspects of the definition may cancel each other out. However, our assessment is that the serious types of elder maltreatment which were excluded are more common than the minor types of elder abuse which were included. This would suggest that the rates presented here are on the low side.

Overall, then, the prevalence rates for elder abuse as determined by this survey seem to stand up fairly well to scrutiny. They are in the same range as other estimates of the problem based on other studies using self-reports. Consideration of the methodology and definitions suggests that that, if anything, these estimates are somewhat on the low side because the survey excluded some vulnerable groups and used a relatively restrictive definition of the problem. These are both problems that future studies should try to improve upon. For the present, however, the estimate of 32 abused elderly per thousand in the Boston area appears to be a valid, if conservative, approximation.

CHARACTERISTICS OF VICTIMS

In certain respects, the portrait of the abused elderly presented by this study confirms the picture painted by earlier investigations using reported cases as their source. The abused elderly are more likely to be living with someone else, and are more likely to be those who are in poor

health. Neglected elders are most likely to have no one to turn to for support.

However, in a number of ways, the findings from the current study are at odds with earlier efforts. Neither economic circumstances nor age were related to the risk of abuse. In previous studies, elder abuse victims seemed to come disproportionately from the older and disadvantaged segments of the population. The current findings suggest that some of this disproportion stems not from a greater risk for abuse but from the greater visibility of the very old and disadvantaged to potential reporters of abuse. There are, however, two more striking differences between the current study and many earlier reports on elder abuse: our findings of high rates of spouse abuse, and of men as equally likely victims. These two issues will be discussed in turn.

Elder Abuse as Spouse Abuse. The predominant image of elder abuse, derived from earlier studies and reinforced by the popular media, is that abuse is primarily committed against elders by their children. The stereotype is of a mentally and physically dependent elder who moves in with and becomes a difficult burden to a resentful daughter or son; the latter, in response, lashes out in frustration or withholds certain necessities of life. Elder abuse has been discussed in the context of "generational inversion" -- children who were once cared for now having to care for their parents (Steinmetz and Amsden, 1983).

However, the current survey found abuse primarily to be committed, not by children, but by spouses. Of the perpetrators, 58% were spouses compared to 24% who were children. Abuse by children was actually relatively uncommon.

This comparison, however, does exaggerate the difference. The underlying dynamic is that an elder is most likely to be abused by the person with whom he or she lives. Many more elders live with their spouses than with their children. That is why so many more elders are abused by spouses. The following figures illustrate this. Among elders who live with just their spouses, the rate of abuse is 41 per thousand. Among those who live with just their children the rate is 44 per thousand. So actually spouses do not seem inherently more violent toward their partners than children toward their parents. But because spouses are more likely to be present in an elder's household, their opportunities for abusive behavior appear to be greater. If more elderly persons lived with their children, there would probably be more child-to-elder violence.

Nonetheless, the findings about perpetrators in this study are very important. They suggest a fundamental reformulation of the problem of elder maltreatment. In the past, elder abuse was described primarily in analogy with child abuse. The present study suggests that elder abuse has much more in common with spouse abuse than child abuse.

In light of the data just presented, it is interesting that spouse abuse among the elderly has not drawn more public attention. Other studies have in fact reported substantial proportions of spousal elder abuse. For example, in Hageboeck and Brandt's (1981) study, 32.5% of the abusers were spouses. In Wolf et al., (1984), 23% were spouses. Giordano's (1983), analysis of a large sample of reported cases found that in the case of physical abuse, abusers were most likely to be a spouse. But in spite of

these kinds of findings, the spouse abuse part of the problem of elder abuse has generally been ignored.

The reason for this situation can perhaps best be explained in terms of the dynamics of social problem formulation (Spector and Kitsuse, 1977). Elder abuse has been the most recent and most neglected form of family violence to vie for public attention. Those who have sought to gain this attention have striven to cast this problem in its most compelling light. The image of one elderly person hitting or neglecting another does not convey the same pathos as an elderly person being abused by an adult child. As commentators from the battered wives movement have pointed out (Dobash and Dobash, 1979), among all forms of family violence, there has always been a particularly strong tendency to hold the victims of spouse abuse responsible for their victimization.

Another reason why spousal abuse among the elderly may seem less compelling is that many people may assume that it is less severe and damaging than abuse by an adult child against an elderly parent. However, there is no evidence from the current study that this is the case. There were no statistically significant differences between spouse perpetrators and child perpetrators in the level of violence they inflicted, in the number of injuries they caused or in the degree of upset they engendered in their victims. Abuse by spouses and abuse by children is equally serious. If spouse abuse among the elderly has been a neglected problem, we think it has to do not with the less serious nature of this abuse, but with the more ambiguous moral imagery that this problem conjures up.

Abused Men. There is a second finding from the current study that runs counter to most previous studies based on reported cases. Almost all previous studies have found that most elder abuse victims are women. By contrast, the current study finds roughly equal numbers of abused men and women (52% to 48%), and that the risk of abuse for elderly men is double that of elderly women (49 per thousand vs. 24 per thousand). (The differential in risk is much higher than the differential in absolute numbers because there are fewer men than women in the elderly population.) Thus men seem more vulnerable to elder abuse, a particularly puzzling finding, since males are considered to be much less likely than females to be the victims of serious intimate violence (Finkelhor, 1983).

There appear to be two explanations for this finding. First, elderly men have a higher rate of abuse in part because they are more likely to be living with someone else. Since males typically predecease their wives, a high proportion of elderly women are widows. Moreover, if men become widowed or divorced, they are much more likely than their female counterparts to remarry. In our sample, for example, only 17% of the men live alone compared to 42% of the women, and 68% of men are married compared to 28% of women. We discussed earlier that abuse is almost three times more common for those living together with someone than for those living alone (as illustrated in Table 3), because the opportunities are so much greater. Since men are more likely to be living with someone, they are also more likely to be abused.

However, while this may explain in part why the rate of abuse of men is high compared to women, it does not explain why elder abuse victims whose cases are officially reported seem to be so predominantly female. Thus a second crucial fact about abuse against elderly men is that it is

not as serious as abuse against elderly women. This explains in part why it is not reported as frequently.

The less serious nature of abuse against elderly men shows up in some of the findings of this study. For example, of the 16 physically abused men in our sample for whom we have follow-up data, only 1 (6%) said he suffered injuries. By contrast, of the 14 female victims for whom follow-up data are available, 8 (57%) suffered injuries. A similar difference emerged on questions about emotional upset. When asked how upset they were by the violence, all but one of the 13 women for whom we have follow-up data on this item responded "very upset." In contrast, less than half (7) of 15 abused men reported such a high level of emotional upset. As another indication of emotional distress, 11 (58%) of the abused women reported that the abusive incidents had caused them to eat less, compared to 4 (17%) of the men. The abused women clearly suffered more physical and psychological consequences from the violence than the men.

Women suffer more serious consequences for obvious reasons. Men are generally bigger, stronger, more adept at defending themselves, and more skilled in dealing with physical confrontation. Most of the elder abuse perpetrators against men in this study are their wives, who are usually smaller, weaker and less skilled in physical confrontation and thus unable to inflict serious injuries. By contrast, the women victims are very vulnerable in the face of their abusive husbands, who tend to be more physically powerful. It is not at all surprising that the women suffer more serious injuries and are more upset by the abuse.

This in turn explains the difference between the current study and most studies based on reported cases. Women are more seriously abused than men. It is the more serious and upsetting forms of abuse that become the basis for reports to protective agencies, which in turn become the basis for statistics on elder abuse.

These findings on the more serious nature of the abuse against women also confirm some of the shortcomings of the Conflict Tactics Scale that have been noted by other researchers (Pagelow, 1985). The CTS is simply an inventory of violent acts independent of their consequences. One push, slap or shove can be much more abusive than another depending on its force. Thus in the current survey, as in other surveys using the CTS (Straus, Gelles, and Steinmetz, 1980) female victims did not seem any more abused than male victims based on the severity of their answers on the CTS. When asked about injuries and upset, however, the differences between the genders became very apparent. This suggests at the least that the CTS should be used in conjunction with questions that assess the impact of violence, or be revised to incorporate questions about impact and injury into the scale.

IMPLICATIONS FOR POLICY AND PRACTICE

Prevalence figures by themselves only tell a part of the story. They only take on policy implications in the light of some political, social or ethical context. In fact, a prevalence rate of 32 abused elderly per thousand population may not seem very high, in comparison with other problems the elderly experience. For example, 132 elderly persons per thousand elderly have incomes below the poverty level (Ward, 1984), and 60 per thousand elderly have Alzheimer's disease or related disorders

(Heckler, 1985). Further, elder abuse does not seem to be as much of a problem as other types of family maltreatment. National surveys using similar methodologies estimate that 110 per thousand children experience severe assaults by parents, and 110 per thousand spouses are abused every year by their partners (Straus and Gelles, 1986). It is encouraging to know that the vast majority of all elderly persons appear to live relatively free from some of the most unpleasant types of maltreatment perpetrated by intimates. But does this mean that elder abuse is not the serious public policy issue some people have been urging?

We believe that elder abuse does warrant serious policy attention. Even prevalence rates that appear small by some standards can translate into impressive numbers of individuals in the population at large: Potentially 701,000 to 1,093,560 maltreated elderly in the U.S. as a whole as estimated earlier. Further, on a deeper level, the argument for serious attention to elder abuse stems not so much from the size of the problem (although its size is certainly substantial enough) as from ethical principles that are widely shared in our society. Elderly citizens, like others, are entitled to live in environments where they are safe and respected. Simply because they are living with family does not guarantee, as might have once been thought, that these conditions prevail. Moreover, unlike some other problems of aging, prevention and treatment modalities are available (cf. Wolf et al., 1984). The importance of the principle, the magnitude of the suffering, and the existence of solutions make the argument for concerted social action very compelling.

Further, the present survey indicates that substantial underreporting of elder abuse exists. Massachusetts is a state with one of the most active programs in the nation for identifying elder abuse. Between July 1, 1985 and June 30, 1986, Massachusetts authorities opened 1401 cases of elder abuse statewide. This translates to an incidence rate² of about 1.8 per thousand. We are able to calculate an incidence rate for the Boston study because we also asked about maltreatment in the past year. Our rate for maltreatment in the previous year was 26 per thousand. The comparison here suggests that approximately 1 case in 14 of elder abuse comes to public attention. This seems plausible given that elder abuse is a sensitive and embarrassing problem for which people tend not to seek help. Thus, existing intervention programs may be treating only a fraction of potential victims.

Beyond the prevalence rates from the present study, at least one finding appears to be of substantial importance for practitioners, because it contrasts with accepted beliefs about elder abuse. This study suggests that the largest proportion of elder abuse is in fact spouse abuse. The elderly are more likely to be abused by their marriage partners than by any other person, and this abuse, especially for elderly women, is as serious as any kind of elder abuse that has been identified. Full recognition of this problem demands a revision of the public's understanding about elder abuse and a re-orientation of the way in which the problem is handled. These are among the changes that we believe are warranted:

1) Service providers to the elderly need to be educated about the problem of spouse abuse. If their image of elder abuse is limited to the current stereotype of elderly persons mistreated by their children, they will not be likely to properly identify situations where the aged are being abused by spouses.

2) The elderly themselves need to be educated about spouse abuse. Many of the elderly grew up in a generation when spouse abuse was a great deal more tolerated, and when information on the subject was not available. Elderly victims may be vulnerable to spouse abuse because they believe it to be acceptable. They need to be encouraged not to accept it, but rather to see it as a serious problem, which they can take action to stop.

3) Services need to be provided that are tailored to the problem of spouse abuse among the elderly. Nursing homes, which are used as a solution to elder abuse in a substantial number of cases, are often not truly appropriate because they are designed for persons much less capable of taking care of themselves. Battered women's shelters may be better solutions, but many of them are also not readily suited to the needs of the older woman. Further, the presence of young women and children may intimidate older women from seeking assistance. It may be more appropriate to establish safe apartments in congregate housing units for the elderly where abused elders could take refuge for a time. Moreover, the kinds of self-help groups that have been very effective for younger abused wives should be tried out with groups of abused elderly to see if they can help the elderly stop the abuse, escape from it or get other kinds of assistance (cf. Finkelhor and Pillemer, in press; Pillemer, 1985). Consideration of the problem of spouse abuse among the elderly can undoubtedly lead to a great many other policy and service innovations, as well.

CONCLUSION

Elder abuse is one of the last types of family violence to come to public attention. Like other kinds of family violence, it is difficult to study because of its sensitivity. Clear ideas about the prevalence and nature of elder abuse have been hard to obtain. Misconceptions have flourished in the absence of hard evidence.

The current study clearly establishes that elder abuse can be the subject of general population surveys. Undetected abuse can be detected. Samples can be obtained for study of the problem that are free from some of the biases of clinical samples and reported cases. We hope that this effort will open the door to other such investigations, and that many of the remaining troubling questions about this disturbing problem will soon yield to greater insight.

FOOTNOTES

1. Rates of spousal violence in the Straus and Gelles survey include reports from spouses about their own violence as well as about the violence from their partner, both of which are asked about. In recalculating these figures, we used only reports by spouses about violence from their partners, since this was all that was asked about in the current survey. Abuse in this case means any type of violence, as indicated by items K to S in the version of the CTS used by Straus and Gelles (1986).

2. Note that incidence rates are different from prevalence rates. An incidence rate usually refers to the number of new cases occurring during a fixed period of time, in this case a year, while a prevalence rate refers to the proportion of a population manifesting a particular characteristic, in this case elderly who have been abused since they became 65.

Appendix A: Modified Conflict Tactics Scale

Now, I'm going to read a list of things that [spouse, child] might have done when you had a dispute or disagreement with [him/her]. I would like to know if he/she has ever said or done any of these things to you since you turned 65. [For any "yes" responses, respondents were asked: "How many times has this happened in the past year."]

	YES	NO	NEVER	ONCE	2-10 TIMES	> 10 TIMES
a. Brought in or tried to bring in someone to help settle a disagreement.	[1]	[2]	[1]	[2]	[3]	[4]
b. Sulked and/or refused to talk about something.	[1]	[2]	[1]	[2]	[3]	[4]
c. Stomped out of the room or house (or yard).	[1]	[2]	[1]	[2]	[3]	[4]
d. Done or said something to spite you.	[1]	[2]	[1]	[2]	[3]	[4]
e. Insulted or sworn at you.	[1]	[2]	[1]	[2]	[3]	[4]
f. Threatened to hit you or throw something at you.	[1]	[2]	[1]	[2]	[3]	[4]
g. Thrown something at you.	[1]	[2]	[1]	[2]	[3]	[4]
h. Tried to slap or hit you.	[1]	[2]	[1]	[2]	[3]	[4]
i. Pushed, grabbed, or shoved you.	[1]	[2]	[1]	[2]	[3]	[4]
j. Slapped you.	[1]	[2]	[1]	[2]	[3]	[4]
k. Kicked, bit, or hit you with a fist.	[1]	[2]	[1]	[2]	[3]	[4]
l. Hit or tried to hit you with something.	[1]	[2]	[1]	[2]	[3]	[4]
m. Locked you in your room.	[1]	[2]	[1]	[2]	[3]	[4]
n. Beat you up.	[1]	[2]	[1]	[2]	[3]	[4]
o. Threatened you with a knife or gun.	[1]	[2]	[1]	[2]	[3]	[4]
p. Used a knife or gun.	[1]	[2]	[1]	[2]	[3]	[4]

Note: Respondents who reported experiencing items (e) or (f) 10 or more times in the preceding year were placed in the "chronic verbal aggression" category. Respondents who reported that any of items (g) through (p) had ever occurred since they had turned 65 fell in the "physical abuse" group.

APPENDIX B: Neglect Assessment Instrument

Questions were asked regarding the respondent's ability to perform ten basic activities of daily living. For those persons who required assistance, additional questions regarding caregivers' failure to provide help were asked. The format for each item was as follows:

	A	B	C	D
1. Are you able to go shopping for groceries and clothes without any help at all from someone else?	Who usually helps you or does this for you?	Has there ever been a time when (this person/one of them) hasn't helped you when you thought they should have helped you?	How many times has this happened in the past year <u>never, once, 2-10 times or more than 10 times</u>	How serious a problem is it for you that (he/she/they) didn't help you. Is it <u>not serious at all, somewhat serious, or very serious?</u>
1 [] YES (skip to 2)				
2 [] NO	NAME	RELATION		
12. Are you able to go shopping with some help, or are you completely unable to do any shopping?				
1 [] WITH SOME HELP	_____	_____	1 [] YES	1 [] NOT SERIOUS
2 [] COMPLETELY UNABLE.	_____	_____	2 [] NO	2 [] SOMEWHAT SERIOUS
			1 [] NEVER	3 [] VERY SERIOUS
			2 [] ONCE	
			3 [] 2-10 TIMES	
			4 [] >10 TIMES	

The activities of daily living for which neglect was assessed were the following: shopping, meal preparation, routine housework, managing medications, cutting and eating food, dressing, walking, getting out of bed, bathing and using the bathroom. The complete instrument is available from the authors on request.

Table 1 - Sample Statistics

Initial Sample Size	3366
Eligible households*	2813
Non-interviews	
Refusals	550
Illness	35
Language problem	64
Unable to screen	100
Other	44
Total non-interviews	(793)
Interviews	2020
Response rate	72%
Telephone	1379
In-person	641
Designated respondent	1911
Proxies	109
Designated for follow-up	312
Abused	53
Control	259
Refusals	50
Response rate for follow-up	84%

* Includes 100 unscreened households

Table 2 - Characteristics of Sample

	<u>Unweighted</u>	<u>Sample Weighted</u>	Boston SMSA*
Males	35%	35%	37%
Females	65%	65%	63%
White	95%	94%	97%
Black	2%	3%	2%
Hispanic	1%	1%	NA
Other	1%	2%	NA
65-69	31%	31%	32%
70-74	26%	29%	25%
75-79	18%	18%	19%
80-84	15%	12%	13%
85+	9%	10%	11%
Catholic	59%	58%	
Protestant	30%	30%	
Jewish	7%	8%	
Other	4%	4%	
Income < 15,000	40%	38%	
Income > 15,000	60%	62%	
Living alone	33%	40%	
Spouse only	35%	37%	
Child only	15%	5%	
Spouse & others	10%	10%	
Others	7%	7%	

* Boston SMSA figures are population projections for 1985, prepared by the University of Massachusetts, Amherst.

Table 3 - Rates of Elder Abuse (weighted)

Type of Abuse	rate/1000	95% Confidence Interval	# in Boston SMSA
All types	32	25-39	8,646-13,487
Physical violence	20	14-26	4,841-8,991
Chronic verbal aggression	11	7-15	2,420-5,187
Neglect	4	1- 7	346-2,421

Table 4 - Perpetrator - Victim Relationship
(Including Proxy Respondents, unweighted data)

	All Types*	Physical Violence	Abusive Verbal Aggression	Neglect
Husband to wife	14 (22%)	7 (17%)	7 (27%)	2 (29%)
Wife to husband	23 (36%)	17 (43%)	7 (27%)	-
Son to mother	5 (8%)	4 (10%)	2 (8%)	-
Son to father	5 (8%)	3 (7%)	3 (11%)	-
Daughter to mother	4 (6%)	1 (3%)	2 (8%)	2 (29%)
Daughter to father	1 (2%)	1 (3%)	-	-
Other	11 (18%)	7 (17%)	5 (19%)	3 (42%)
TOTAL	63	40	26	7

* The total number of cases in specific categories exceeds the "All Types" category, as more than one type of abuse was sometimes present.

Table 5 - Rates (Per Thousand) of Elder Abuse by Characteristics of Victim*

	All Types	Physical Violence	Verbal Aggression	Neglect
Male	49	34	-	-
Female	24	15	-	-
Married	49	-	-	-
Widowed	22	-	-	-
Divorced	28	-	-	-
Never married	7	-	-	-
Live alone	15	7	-	-
Spouse only	41	33	-	-
Child only	44	25	-	-
Spouse & Child	67	42	-	-
Other	16	16	-	-
Health				
excellent	17	-	-	-
good	31	-	-	-
fair	36	-	-	8
poor	77	-	-	22
No helper	-	-	-	26
Helper	-	-	-	2

* Only statistically significant relationships (chi square $p < .01$) are shown.

REFERENCES

- Block, M. & Sinnott, J. (1979). The battered elder syndrome study. College Park, MD: Center on Aging.
- Crystal, S. (1986). Social policy and elder abuse. In K. Pillemer & R.S. Wolf (Eds.), Elder abuse: Conflict in the family, 331-340. Dover, MA: Auburn House.
- Dobash, R.E. & Dobash, R.P. (1981). Violence against wives. New York: Free Press.
- Duke University Center for the Study of Aging and Human Development (1978). Multidimensional functional assessment: The OARS methodology. Durham, NC: Duke University.
- Finkelhor, D. (1983). Common features of family abuse. In D. Finkelhor et al. (Eds.), The dark side of families: Current family violence research. Beverly Hills, CA: Sage.
- Finkelhor, D. & Pillemer, K. (in press). Elder abuse: Its relationship to other forms of family violence. In G. Hotaling, D. Finkelhor, R. Gelles & M. Straus (Eds.), New directions in family violence. Beverly Hills, CA: Sage.
- Frey, J.H. (1983). Survey research by telephone. Beverly Hills, CA: Sage.
- Gioglio, G. & Blakemore, P. (1983). Elder abuse in New Jersey: The knowledge and experience of abuse among older New Jerseyans. Trenton, NJ: New Jersey Division on Aging.
- Giordano, N.H. (1982). Individual and family correlates of elder abuse. Unpublished doctoral dissertation, University of Georgia.
- Hageboeck, H. & Brandt, K. (1981). Characteristics of elderly abuse. Iowa City: University of Iowa Gerontology Center.
- Heckler, M. (1985). The fight against Alzheimer's Disease. American Psychologist, 40, 1240-1244.
- Herzog, A., Rogers, W.L. & Kulka, R. (1983). Interviewing older adults: A comparison of telephone and face-to-face modalities. Public Opinion Quarterly, 47, 405-418.
- Hudson, M. (1986). Elder mistreatment: Current research. In K. Pillemer & R. Wolf (Eds.), Elder abuse: Conflict in the family. Dover, MA: Auburn House.
- Hudson, R.B. & Binstock, R.H. (1976). Political systems and aging. In R.H. Binstock & E. Shanas (Eds.), Handbook of aging and the social sciences. New York: Van Nostrand Reinhold.
- Johnson, E.S. & Bursk, B.J. (1977). Relationships between the elderly and their children. The Gerontologist, 17, 90-96.
- Johnson, D.R. & White, L.K. (n.d.). A comparison of telephone and personal interviewing for older populations. Unpublished manuscript, Department of Sociology, University of Nebraska - Lincoln.
- Johnson, T., O'Brien, J., & Hudson, M. (1985). Elder neglect and abuse: An annotated bibliography. New York: Greenwood Press.
- Johnson, T.F. (1986). Critical issues in the definition of elder mistreatment. In K. Pillemer & R. Wolf (Eds.), Elder abuse: Conflict in the family, 167-196. Dover, MA: Auburn House.
- O'Malley, H., Segars, H., Perez, R., Mitchell, V. & Knuepfel, G. (1979). Elder abuse in Massachusetts: A survey of professionals and paraprofessionals. Boston, MA: Legal Research and Services for the Elderly.
- Pagelow, M.D. (1985). Family violence. New York: Praeger.
- Pedrick-Cornell, C. & Gelles, R. (1982). Elderly abuse: The status of current knowledge. Family Relations, 31, 457-465.
- Pillemer, K. (1986). Patient maltreatment in nursing homes: What do we really know? Presented at the annual meeting of the American Sociological Association, New York.
- Pillemer, K. (1985). The dangers of dependency: new findings on domestic violence against the elderly. Social Problems, 33(2), 146-158.
- Pillemer, K. & Suitor, J.J. (forthcoming). Elder abuse. In V. Van Hasselt et al. (Eds.), Handbook of family violence. New York: Plenum.
- Salend, E., Kane, R.A., & Satz, M. (1984). Elder abuse reporting: Limitations of statutes. Gerontologist, 24, 61-69.
- Schulman, M. (1979). A survey of spousal violence against women in Kentucky. Washington, DC: Department of Justice.
- Spector, M. & Kitsuse, J.I. (1977). Constructing social problems. Reading, MA: Cummings.
- Steinmetz, S. & Amsden, D.J. (1983). Dependent elders, family stress and abuse. In T.H. Brubaker, (Ed.), Family relationships in later life. Beverly Hills, CA: Sage.
- Straus, M.A. (1979). Measuring intra-family conflict and violence: The conflict tactics (CT) scales. Journal of Marriage and the Family, 41, 75-88.
- Straus, M.A. & Gelles, R.J. (1986). Social change and change in family violence from 1975 to 1985 as revealed in two national surveys. Journal of Marriage and the Family, 48, 465-479.
- Straus, M.A., Gelles, R.J. & Steinmetz, S. (1980). Behind closed doors: Violence in the American family. New York: Doubleday.
- Ward, R.A. (1984). The aging experience. New York: Harper and Row.

Wolf, R., Pillemer, K. & Godkin, M. (1984). Elder abuse and neglect: Report from three model projects. Worcester, MA: University of Massachusetts Medical Center.

Yin, P. (1985). Victimization and the aged. Springfield, IL: Charles C. Thomas.