

104020

U.S. Department of Justice  
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Public Domain  
National Institute on Aging

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

104820

February, 1985

Introduction✓  
ELDER ABUSE: ITS RELATIONSHIP TO OTHER FORMS OF DOMESTIC VIOLENCE

David Finkelhor and Karl Pillemer

Family Research Laboratory &amp;

Department of Sociology

University of New Hampshire

Durham, New Hampshire 03824

104820  
Paper presented at the Second National Conference on Family Violence Research, Durham, NH in August 1984.

Research for this paper has been supported by funds from the National Institute on Aging (1 RO1 AG04333-01), the National Institute of Mental Health (MH15161), the Eden Hall Farm Foundation and a special Title IV-C grant from the Administration on Aging. The writers would like to acknowledge the assistance of Ruth Miller and Sigi Fizz in the preparation of this paper.

NCJRS

MAR 4 1987

ACQUISITIONS

After two decades of research and intervention into the problem of abused children and one decade into the problem of abused wives, academics and policy makers have only recently turned their attention to the problem of abused elderly. Since the middle 1970's, there have been a small number of studies complemented by a growing number of policy papers, all directed to raising public awareness about the problem (Block and Sinnott, 1979; Douglass, et al., 1980; Lau and Kosberg, 1979; Sengstock and Liang, 1982; Wolf, et al., 1982; Giordano, 1982). States have responded to this new interest with mandatory reporting laws and protective services programs (Kane, et al., 1984).

Even with the new research interest, very little is yet known about the causes and consequences of elder abuse. No reliable incidence figures are available, no definition of elder abuse has been generally agreed upon, and no definitive profile of a "typical" abused elder has been established. Knowledge extends little further than what has been observed by professionals in the course of their practice, and even these observations are heavily colored by stereotypes (cf. Pedrick-Cornell and Gelles, 1981; Giordano and Giordano, 1984).

There has also been remarkably little conceptual thinking about the phenomenon. The empirical and descriptive studies of elder abuse that have been done for the most part have borrowed rather uncritically concepts drawn from the family violence literature. Researchers have made the assumption that the sociological and psychological explanations for those other forms of family violence apply to the phenomenon of elder abuse.

Such presumptions about the nature of elder abuse, however, need to be critically examined. The unreflective transfer of ideas from other types of family violence may cause the unique features of the problem to go unnoticed. Further, policy decisions regarding the nature of elder abuse intervention may be influenced by assumed parallels that are untrue. The purpose of this paper is to question some of these assumptions. It is hoped that this discussion here will alert researchers to possible matters that need to be studied rather than simply taken for granted.

Some boundaries

There are three major boundaries we want to establish for purposes of our discussion. These are as follows:

1) Our analysis is limited to physical abuse, and omits discussion of other forms of maltreatment. For the purposes of this paper, physical abuse is defined as "an act carried out with the intention, or perceived intention, of causing physical pain or injury to another person," in this case, a person over the age of 65. Some studies have not differentiated adequately among forms of abuse, as Pedrick-Cornell and Gelles (1981) have noted, resulting in lack of clarity. We will exclude from the present discussion types of abuse that are primarily psychological or material, or harm that occurs to the elderly due to neglect or acts of omission.

2) We consider here only abuse that occurs in domestic settings. Our discussion does not include maltreatment that occurs in institutions.

3) Data on elder abuse are still relatively scarce, especially in comparison to data on other forms of family violence. Thus many of the observations here will necessarily be speculative and remain to be confirmed.

#### Elder abuse as a special category of abuse

An important question has been raised as to whether the phenomenon of elderly who are physically abused deserves a unique classification and a special term. Callahan thinks not:

The fact that violence and abuse exist and that older people are affected does not necessarily mean, however, that public policy is to be served by carving out that segment of abuse and developing specialized programs to deal with it... In other words, does calling this behavior "elder abuse" help us move along in solving the problem...? My answer to that question is that the well-being of the elderly will not be increased by a focus on elder abuse (p.1).

Unlike Callahan, we would argue that the phenomenon of abuse of the elderly does constitute a distinct category. Such classification is justified by the special characteristics of the elderly, which affect their vulnerability to abuse and the nature of the abuse they suffer, and also by the nature of society's relationship to older persons.

First, the aged as a group share characteristics that can create vulnerability to abuse. Some elderly (particularly persons over the age of 75) experience increased frailty, especially as measured by the ability to perform ordinary activities of daily living (ambulation, dressing, bathing, etc.). As Reichel notes, "The elderly generally show diminutions of physiologic capacities; in fact, the definition of aging is the decline in physiologic capacities or functions in an organism after the period of reproductive maturity" (1978:17). Many other gerontologists (Hickey, 1980; Kart, et al., 1978) have chronicled the heightened physical vulnerability of the elderly, as well as their greater likelihood of suffering from neurological impairments (Hendricks and Hendricks, 1981). These physical vulnerabilities can exacerbate the risk for abuse as well as affect the nature and effects of the abuse that elderly suffer.

Second, the elderly can be specially vulnerable to abuse because of their devalued social status. Butler (1975) observes that "a systematic stereotyping of and discrimination against people because they are old exists" (see also Levin and Levin, 1980). This contributes to a loss of meaningful roles (Newell, 1961) and to what Atchley (1977) has termed the "atrophy of opportunity", whereby society isolates older persons and no longer seeks their contributions. Mandatory retirement, which brings about the loss of occupational roles, further contributes to this process. This devaluation of elderly people can be seen as increasing their vulnerability to abuse as a class of individuals.

Finally, the special categorization of elderly abuse also makes sense because of the relationship society has to the elderly. A service system exists that includes institutions, such as old age homes, and specialized professionals who relate to the elderly and deal with their needs and problems. Concern about abuse of the elderly has developed within this context, and it has legitimately evolved as a distinct problem, separate from other forms of family violence. Research and solutions will all develop within this distinct social matrix.

#### ELDER ABUSE AND OTHER DOMESTIC VIOLENCE

Notwithstanding that elder abuse deserves special categorization, it is also important to recognize that it does indeed share features with other types of domestic violence, particularly child abuse and spouse abuse. Here we would like to outline what would appear from current knowledge to be some of these similarities. Later we will mention some of the contrasts.

1) Elsewhere (Finkelhor, 1983), we have analyzed family abuse as violence that occurs toward socially vulnerable and powerless groups. Elder abuse certainly falls within this framework; what makes violence against the elderly "abuse" is the specially vulnerable status of the elderly.

2) In addition, many of the empirical observations about those at risk for elder abuse correspond with our understanding about what creates risk for other forms of family violence as well. Elder abuse, for example, like other types abuse, appears to be more common under conditions of family stress (Justice & Justice, 1976; O'Malley, et al., 1979; Sengstock, Barrett & Graham, 1982; Straus, Gelles & Steinmetz, 1980) and economic deprivation (O'Malley, et al., 1979; Straus, et al., 1980).

3) Those who commit elder abuse have been noted to share characteristics with perpetrators of other types of family violence. For example, such perpetrators frequently have drug or alcohol problems or histories of other types of anti-social behavior (Douglas, Hickey & Noel, 1980; Wolf, et al., 1982). Although the evidence is more sketchy, there are suggestions, that some elder abusers, like some other family abusers, were themselves victims of family violence and abuse (Steinmetz, 1978). One may presume that earlier experience with family violence teaches that violence is both legitimate and efficacious in the family context.

4) Elder abuse has many effects on its victims similar to those of child and spouse abuse.. These effects include a lowering of the self esteem and coping skills of the victim, a sense of stigma and associated attitudes of self-blame, and the isolation of the victim from peers and the general community. The experience of being abused seems to result in psychiatric symptoms such as despair, depression, sleep disturbances, phobias and suicidal actions among the elderly as among other victims of family abuse (Lau & Kosberg, 1979). Ironically, all kinds of abuse seem to increase the dependency of the victim on the perpetrator.

5) Intervention in cases of elder abuse has posed many of the same dilemmas as in cases of other forms of family violence (Collins, 1982; Giordano & Giordano, 1984; Sengstock & Liang, 1982). Victims of abuse are

intimidated by their abusers and are afraid to leave. Workers characteristically have a difficult time ascertaining the existence of abuse because victims and families do not readily admit it. Helpers have encountered great resistance to gaining entry into the family to deliver services or to provide protection for victims. The protection of victims has involved a coordinated effort on the part of many community agencies, some of which, like the police, have not always been cooperative.

6) In its emergence as a social problem, elder abuse has gone through some of the same evolution as other forms of family violence. Like child abuse and spouse abuse, it is a problem with a long history, which is just being acknowledged. It is a problem whose recognition has met with a great deal of resistance, because it challenges cherished beliefs about family life. In its initial stages, the problem has been minimized or ascribed only to particularly pathological family environments.

#### Comparison and contrast with child abuse

Within the context of family violence, elder abuse has been compared to child abuse much more frequently than to spouse abuse, because of certain apparent similarities. There are some conspicuous cases of elder abuse in which a very dependent and frail elderly person is abused by his or her caretaker. The relationship between caretaker and elder in such cases is often thought to have a parent-child character in the extreme dependency of the elder. Moreover, the presumed dynamic in these situations is that of a caretaker who is unprepared for and frustrated by the burdensome and often unexpected demands of having to take care of dependent person, and this frustration erupts into violence and abuse (Steinmetz, 1983). Such a dynamic would have strong parallels to the child abuse situation.

The comparison of elder abuse to child abuse also arises from the social context of the two problems. Both elder abuse and child abuse were problems that were first identified by professionals who had responsibility for the care of these two populations. These professionals publicized the problems and proposed solutions. Moreover, the locus of responsibility for dealing with both problems was placed in public welfare agencies. In fact, in some states the same agencies that handle child abuse were nominated to take responsibility for the management of elder abuse as well. This contrasts strongly with the case of spouse abuse where the problem was first identified by the feminist movement, and where the main response has been through volunteer efforts and private agencies.

Elder abuse is also akin to child abuse in the extent to which both social problems have been medicalized. Both problems have received extensive attention from health professionals and have had intervention programs organized within the institutional context of health care institutions, something that is emphatically not the case in spouse abuse. One reason why child abuse and elder abuse have been medicalized, while spouse abuse has not, may relate to the relative willingness of the affiliated medical specialties (pediatrics and geriatrics vs. obstetrics/gynecology) to accept within their purview a problem that is to a great extent a social rather than medical one. Whatever the reason, however, the involvement of physicians and hospitals is one similarity between elder abuse and child abuse.

However, the parallels between elder abuse and child abuse can be overdrawn. There are many respects in which elder abuse does not resemble child abuse, and where the comparison leads to erroneous assumptions. For example, much elder abuse does not occur by a caretaker against a dependent victim. In fact in many instances the abuser may be the dependent one, as in the case of a young son with a drug abuse problem who comes to live with elderly parents and ends up inflicting violence on them. The abuse may not be in reaction to the responsibilities of caretaking but may be a rebellion against the position of dependency.

Thus, Lau and Kosberg (1979) refer to the problem of the "non-normal" child (e.g. mentally ill, or retarded) who has been cared for by parents all his or her life, who may lose control when the parents become aged. For example, one elder abuse intervention project encountered an elderly couple who were primary caretakers of their 35 year-old brain-damaged son. The son would occasionally "act out," but the father had been able to restrain him. As the father grew older and weaker, he was unable to control the the son by force, and both he and his wife were severely beaten (Pillemer, 1984).

Similarly, a 68-year-old multiple sclerosis victim was repeatedly assaulted by his middle-aged son. The son had been discharged from the military due to emotional problems, had been frequently hospitalized in psychiatric facilities, and had been unemployed for years. His visits to his father involved requests for food and money; when these were denied, he responded violently (Pillemer, 1984). Abuse by such a dependent child, documented consistently in studies of elder abuse (Pillemer and Wolf, 1983; Wolf, et al, 1980; O'Malley et al, 1984), thus does not conform to the parallelism between elder abuse and child abuse.

Even when the elder is the dependent party, the conditions of dependency for the older person are very different from those for children. In particular, parents have a clear legal responsibility for minor children. Almost all children in society live with their parents, and there is an expectation that this is the optimal arrangement. By contrast, in most cases, adult children do not have legal responsibility for their elderly parents. Older persons are considered to be independent, responsible individuals. Moreover, most elderly do not live with their children (fewer than one in ten do so), and there is only a small and disappearing social expectation that they should do so. In summary, the elderly are in a very different structural relationship to their abusers than are children.

Third, a related difference concerns social institutions for the protection of abuse victims. There are few routes of permanent escape for abused children. There are institutions such as foster homes and group homes, but these are generally regarded as inadequate and solutions of last resort. There is a large public and professional sentiment in favor of keeping families intact. The situation for elders is quite contrasting. There are a great many institutions for the care of elderly, such as nursing homes, rest homes, and less restrictive supportive living arrangements, such as congregate housing. These are regarded as socially acceptable solutions to the problem of dependent elderly. Moreover, there are state supported payment mechanisms to facilitate the placement of elderly in these settings. Thus while parents and young children may stay

together because no other option is available, many such options readily exist for elderly. This is another way in which the comparison of elder abuse with child abuse is insufficient.

#### Comparison with spouse abuse

Elder abuse is not often compared to the problem of spouse abuse. Yet some important insights are available from such a comparison, too. First, it is not sufficiently recognized that some elder abuse is spouse abuse that has sometimes been on-going in a relationship for years (Giordano and Giordano, 1983). Spouse abuse is widespread (Straus et al, 1980), and although in some violent relationships divorce occurs and in some the violence stops (Bowker, 1983), in others it continues and even intensifies as the couple ages.

An example of such a situation is provided in a recent manual on elder abuse (University Center on Aging, 1984: 56-57). An elderly husband and wife, aged 81 and 79 respectively, had by their own reports always had a "difficult relationship". The wife reported that her husband had struck her previously, but never repeatedly or severely. The situation became much worse when she suffered a severe stroke. She could not accept her new physical limitations, and complained about and insulted her husband. During arguments, she would throw food and objects at her husband, which infuriated him. He responded by pushing and striking her more severely than ever before.

But even where abuser and victim are not husband and wife, the elder abuse situation is often more akin to spouse abuse than to child abuse: both parties are independent adults; they are living with each other by choice; the elder is connected to the abuser by ties of emotional allegiance and perhaps economic dependence, but certainly has more social, psychological and economic independence than a child would have. #1

The implications of the comparison between elder abuse and spouse abuse have not been sufficiently explored. There are various possibilities for intervention in elder abuse that might be fruitfully adapted from the experience of dealing with spouse abuse. For example, intervention in spouse abuse has made use of self-help groups, battered wives who get together to give each other support, to allay the sense of stigma and self-blame, and to help each other to cope with their abusers. Such groups might be effective with some groups of battered elderly.

One component of these groups that has been important in the battle against spouse abuse has been consciousness raising. Battered wives and their advocates have taken considerable pains to communicate to other women and their mates that women have a right to be free from violence, and that no cause justifies its use. It is possible that such an approach directed toward elderly and their families might have a similar utility.

As still another possibility, workers in the spouse abuse field have relied heavily on safe houses and shelters as institutions for protecting victims. This model differs radically from the nursing home solution currently used in elder abuse in that it is temporary, and presumes that after a chance to escape the abuser, the victim can get back on her feet either independently or with the relative who now knows she will not

tolerate abuse. Such safe houses for elderly might achieve similar goals.

The parallel to spouse abuse also suggests consideration of criminal justice sanctions in cases of elder abuse. There has been a traditional reluctance of police and prosecutors to intervene in family violence, but recent research suggests that such intervention is effective in reducing incidents of revictimization (Police Institute, 1983). There may be a role for such sanctions against some elder abusers, as a deterrent to repeated abuse.

#### Conclusion

It is apparent from the preceding analysis that elder abuse can be fruitfully compared to other types of family violence. These comparisons can be extremely useful in trying to understand the nature of a phenomenon which has at the present been the subject of limited research. However, such observations must be made with caution and subjected to empirical examination. It would be very easy for misleading assumptions about elder abuse to be promulgated by overstating parallels to other forms of family abuse.

It is our impression that at the present time the parallels between elder abuse and child abuse are at risk of being overdrawn. Too many observers have borrowed uncritically from the model of child abuse without examining salient differences. For example:

Yet just as the child is abused by his parent who resents the dependency of the child because the parent himself lacks satisfaction of needs, the adult child who must assume a caretaker role to his own parents may become abusive as a result of his parents' dependency and the lack of need satisfaction (Davidson, 1979, p. 49).

However, as we pointed out earlier, much elder abuse does not conform to the child abuse model, and elder abuse victims are not necessarily in a structural relationship to their abusers parallel to that of children.

We argue that it may be useful to start examining elder abuse for more parallels with the spouse abuse situation: legally independent adults, living together out of choice for a variety of emotional and material reasons. One obvious advantage of this comparison is that it does not infantilize the elderly, and emphasizes the initiatives they can take on their own behalf. Another advantage is that it allows for consideration of the dependency of the abuser on the abused.

The arguments presented in this paper can also be useful in setting an agenda for future research on elder abuse. First, it is of great importance that investigators move beyond agency samples, and begin to conduct general population surveys. Agency samples may select for certain kinds of elder abuse, and thus give a biased view of the distribution of types of elder abuse cases. This approach will allow such questions as these to be answered: What is the incidence of elder abuse? How much elder abuse is spouse abuse? How much occurs at the hands of children? Second, specific attention should be paid to issues of dependency. Is the

dependency of an older person a risk factor? Or is living with a dependent relative a better predictor of abuse?

Third, efforts need to be made to study abusers and the history of violent behavior. How often is the abuse really a "new" behavior, a response to recent stressful events? How frequently is it long-standing violent behavior? More specifically, it would be useful to determine the degree to which abuse is related to the on-going strains of caregiving, as opposed to external stressors such as poverty or unemployment.

Fourth, attention should be paid to a more theoretical issue: how are various types of elder abuse best categorized? Attempts have been made to construct typologies of abused elders (O'Malley, *et al.*, 1984; Pillemer and Wolf, 1983); these could be refined. New categorization schemes could be attempted that classify abuse cases by the dependency status of the older person, by the family relationship between abuser and abused, or by the nature of the maltreatment that occurs. Data-based typologies, such as that developed by Snyder and Fructman (1981) for abused women, should be attempted. This will aid in understanding the relationship between elder abuse and other domestic violence.

Ultimately, elder abuse will need to be acknowledged as being different from both child abuse and spouse abuse as well as similar in important ways. Our goal should be to gather the knowledge that makes the details of this comparison the source of valuable insights for those concerned about all forms of family violence.

## REFERENCES

- Atchley, R. C. The social forces in later life: An introduction to social gerontology. Belmont, CA: Wadsworth, 1977.
- Butler, R. N. Why survive? Being old in America. New York: Harper & Row, 1975.
- Callahan, J. J. Elder abuse programming - Will it help the elderly? Presented at the National Conference on the Abuse of Older Persons, Boston, MA, March 1981. Center on Aging, 1979.
- Davidson, J. L. Elder abuse. In M. R. Block and J. D. Sinnott (Eds.), The battered elder syndrome: An exploratory study. University of Maryland: Hendricks, J. & Hendricks, C. D. Aging in mass society: Myths and realities. Cambridge, MA: Winthrop, 1981.
- Hickey, T. Health and aging. Monterey, CA: Brooks/Cole, 1980.
- Justice, B. & Justice, R. The abusing family. New York: Human Sciences Press, 1976.
- Kart, C. S., Metress, E. S. & Metress, J. F. Aging and health: Biologic and social perspectives. Menlo Park, CA: Addison-Wesley 1978.
- Lau, E. & Kosberg, J. Abuse of the elderly by informal care providers. Aging, 1979, September-October, 10-15.
- Levin, J. & Levin, W. C. Ageism: Prejudice and discrimination against the elderly. Belmont, CA: Wadsworth, 1980.
- Newell, D. S. Social structural evidence for disengagement. In E. Cumming & W. E. Henry (Eds.), Growing old. New York: Basic Books, 1961.
- O'Malley, H., Segars, H. Perex, R., Mitchell, V. & Knuepfel, G. M. Elder abuse in Massachusetts: A survey of professionals and paraprofessionals. Boston: Legal Research and Services for the Elderly, 1979.
- O'Malley, T. A., O'Malley, H. C., Evertt, D. E., & Sarson, D. Categories of family-mediated abuse and neglect of elderly persons. Journal of the American Geriatrics Society, 1984, 32(5), 362-269.
- Pillemer, K. Physical Abuse of the elderly: A case-control study. Unpublished doctoral dissertation, Brandeis University, 1984.
- Pillemer, K. & Wolf, R. S. The role of dependency in physical abuse of the elderly. Presented at Northeastern Gerontological Society, Newport, RI, March, 1983.
- Reichel, W. Multiple problems in the elderly. In W. Reichel, (Ed.), The Geriatric patient. New York: HP Publishing Co., 1978.
- University Center on Aging. Working with Abused Elders: Assessment, Advocacy, and Intervention. University of Massachusetts Medical Center, Worcester, MA., 1984.

## FOOTNOTES

\*1. If many of the abused elderly are not frail and dependent as children, does this then undercut our earlier assertions about the special vulnerable status of the elderly in regard to abuse? In our view, special social and physical characteristics of the elderly make them, just like wives, who also suffer special social and physical disadvantages, at higher risk to abuse and also to the consequences of violence. These characteristics do not reduce them to the dependency status of children.