Older victims experience unique barriers that prevent them from seeking help and further complicate the process of addressing the abuse once it has been reported. Understanding older victims, abuser tactics, and existing systemic barriers is critical when developing effective responses to abuse in later life cases.

**Understanding Older Victims**

- **Values:** Older victims may be reluctant to report abuse because of their love for the perpetrator or the belief that the perpetrator will change his or her behavior, especially with help. This sentiment may be influenced by generational, cultural, and/or spiritual values that stress the importance of commitment to family, particularly to spouses or partners (Brandl et al., 2007). These values can also contribute to a sense of guilt, self-blame, or embarrassment on behalf of older victims, which may further discourage them from disclosing the abuse.

- **Protectiveness:** Older victims may feel a sense of protectiveness for an abuser, especially an adult child. The older victim may worry about a spouse or adult child going to prison or becoming homeless (Beaulaurier et al., 2012).

- **Fear:** Older victims may fear being killed or seriously injured if they try to leave. They may also fear being alone or losing independence (e.g., being placed in a residential care facility, such as a nursing home, or having decisions made for them by family members) if they reach out for help.

- **Hopelessness:** When abuse has occurred throughout the duration of a relationship, the patterns of abuse and victimization have likely become well established, making change seem virtually unimaginable for the victim (Beaulaurier et al., 2012). Furthermore, victims may be reluctant to reach out if prior experience wasn’t helpful (Beaulaurier et al., 2007).

- **Economic Concerns:** Some older adults are unable to work due to age or disability while others may lack the job skills necessary for finding employment. Temporary Assistance to Needy Families or Social Security is available to some, yet many do not qualify for financial assistance. These victims of abuse in later life may lack the financial means to live independently, separate from their abuser. A shortage of affordable or transitional housing for older adults compounds this problem. Further, some older adults may need medical care or long-term support services and may not have the means necessary to cover these expenses.

- **Health Issues:** Some older victims may need more time to heal physically and emotionally. Older adults may be more likely to have vision, hearing, or mobility limitations that can impact safety planning or limit options to live independently. Victims who have dementia may be at increased risk for future abuse (Wiglesworth et al., 2010).
Abuser Tactics

While it is common in abuse in later life cases to find many of the same abuser tactics used by perpetrators to prevent younger victims from seeking help or reporting abuse (e.g., intimidation, stalking), it is important to identify the unique abuser tactics used against older victims.

- **Target Vulnerabilities**: When perpetrators target victim vulnerabilities, they deny access to supports vital for daily living. Examples include: breaking or hiding glasses, dentures, or hearing aids, moving a walker or wheelchair out of reach, or refusing to translate material written in English to the victim’s native language.

- **Isolation**: Perpetrators may isolate victims from family members, friends, or others in the community so that they have less knowledge of what is occurring in the relationship and to minimize the victims’ opportunities to disclose the abuse. Isolation may be achieved by preventing victims from using the phone or driving a vehicle, as well as by refusing to allow them to go to church or participate in volunteer or community activities. Forced isolation can often be more easily accomplished with older adults because they may already have a smaller social circle, due to a lack of mobility or transportation options and because many of their friends and/or family members may have already passed away.

- **Manipulation**: Perpetrators may use psychological or emotional abuse to manipulate older victims into thinking that they have less mental capacity than they actually do. This may be accomplished by name-calling or playing mental tricks on the victim (e.g., moving or hiding items so that the victim begins to doubt his or her own memory and judgment). Playing to a common fear among older adults of losing their home or independence, perpetrators may also scare victims into thinking they will be unable to make it on their own and that their only alternative to the current, abusive situation is a nursing facility.

- **Co-Occuring Issues**: Caregiver stress, anger management, and substance abuse issues may also be present in cases of abuse in later life. Generally, addressing these issues may alleviate some problems. Although often given as an excuse, caregiver stress is not the primary cause of elder abuse. Thus, often until the abuser is held accountable through criminal justice sanctions or abuse-focused counseling and the entitlement thinking is confronted and changed, the older victim may not necessarily be safer or have an improved quality of life. For more information on the implications of caregiver stress NOT being a primary cause of elder abuse, please see the article: “Policy Implications of Recognizing that Caregiver Stress is Not the Primary Cause of Elder Abuse,” *Generations*, 36(3), 32-39.

Systemic Barriers

Service organizations and agencies can unknowingly create additional barriers for older victims reporting abuse or continuing with services.

- **Ageism**: In this youth-orientated society, ageism permeates our views about older adults, often resulting in inadequate service delivery to older victims. Service providers may wrongly assume older victims are incompetent or helpless and treat them accordingly. For example, a service provider may speak to an older victim in a loud, baby voice when the
victim’s hearing is just fine or he or she may assume the role of “protector,” rather than treating the victim as a person capable of self-determination. This treatment can be humiliating and insulting to older victims and may cause them to withdraw from services.

- **Inaccessibility and Lack of Tailored Services:** Older victims often have less information about services and resources than younger people and also have less access to them (Wilke, et al., 2005). Some victims may feel shut out from services because they require special accommodations they assume are not available such as: a means of transportation, interpretation services, assistance with reading or writing, Deaf services, or assistive devices (e.g., communication boards). Older victims may also feel that the services do not meet their needs (e.g., support groups that focus discussions on finding a job or child custody may not seem relevant for older victims).

- **Silos:** In seeking services, the victim may come into contact with a number of community organizations or agencies. A lack of system awareness and multidisciplinary collaboration can lead to an abuse in later life case falling between the cracks, which can ultimately result in a devastating outcome for the victim.

Additional information sheets may be found at: [www.ncall.us](http://www.ncall.us)

**References**


For more information please visit: [www.ncall.us](http://www.ncall.us) or contact NCALL at: 608-255-0539.

This project was supported by Grant No. 2011-TA-AX-K022 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.