

Unique Challenges in Abuse in Later Life Cases

3

Older adults impacted by abuse in later life experience unique barriers that prevent them from accessing support needed to improve their safety and well-being. Understanding older victims, abuser tactics, and 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 their 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., 2006; Davis et al., 2020; Hunter et al., 2018; Litton & Ybanez, 2015; National Center on Elder Abuse, 2020 and 2021). 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.

Many offenders excuse, justify or minimize the abuse and deny that they are abusive. Abusers may make comments like “she’s too difficult to care for,” “he abused me as a child,” “they are just clumsy,” or “this is the first time this has ever happened.” These types of comments follow a pattern: they blame the victim or others for the behavior, or for reporting the incident. Abusers often portray themselves as victims and deflect responsibility for their behavior (Whittaker, 1995).

In order to maintain power and control over their victim, abusers typically use the following coercive tactics.

- **Target Vulnerabilities:** When perpetrators target victim vulnerabilities, they may engage in such things as exploiting physical or mental impairments or targeting financial or care dependencies by denying access to supports vital for daily living.
- **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, accessing email, driving a vehicle, as well as by refusing to allow them to see friends 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 psychological 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.

- **Denying Access to Spiritual or Traditional Events:** For many older adults, faith is an important source of strength and resilience. As a means of controlling the victim, abusers may refuse to allow them to attend their place of worship or participate in religious holidays or traditional events. Abusers may also destroy spiritual or traditional items of importance.
- **Ridiculing Cultural, Personal, and Spiritual Values:** Similarly, abusers may disrespect cultural, personal and spiritual practices and ignore the victim's values when making decisions. Abusers may also misinterpret, misappropriate, and weaponize faith, traditions, liturgies and/or scriptures as a way to manipulate or control the older adult (National Center on Elder Abuse et al., 2023).

The Myth of Caregiver Stress

It is not uncommon for people to justify the abuse or neglect of older adults by claiming that the abuser was suffering from caregiver stress. This framework ignores the reality that abuse in all its forms is most often about power and control. Most caregivers—even those who experience stress—are not abusive, and caregiver stress is not



a primary cause of elder abuse. Certainly, some caregivers may have physical or mental health conditions that make it difficult for them to provide good care. Interventions on behalf of older victims should focus on victim safety and quality of life, as well as offender accountability.

Depending on the circumstances, this may include the provision of appropriate mental health or substance use disorder services to the abuser. For more information on this issue, please see [Brandl, B., & Raymond, J. \(2012\). Policy implications of recognizing that caregiver stress is not the primary cause of elder abuse. *Generations*, 36\(3\), 32-39.](#)

Victim Help-Seeking

There are a number of factors that may influence how an older survivor may seek support.

- **Identities:** An older adult's cultural, ethnic, and racial background and their gender identity and sexual orientation profoundly shape their perceptions of abuse and help seeking behaviors. Those who have experienced harassment, discrimination, and stigma may be less inclined to seek support from mainstream services.

In many cultures, the importance of family cohesion and family obligation supercede the individual's needs (National Center on Elder Abuse (NCEA) 2021 and 2020). Immigration and acculturation experiences also impact attitudes toward abuse. Further, intergenerational trauma and historic and present-day systemic oppression and marginalization may influence how some older victims respond to abuse perpetrated against them, especially when the abuser is a family member. (Davis et. al., 2020).

LGBTQ+ older adults, who are twice as likely to live alone and four times less likely to have children than their heterosexual, cisgender peers (NCEA et al., 2023), may lack supports, and are often invisible within aging and elder service domains (NCEA et al., 2023).

- **Faith:** Research shows that older adults are the most faith-affiliated group in the United States. According to the Pew Research Center, those in the Silent Generation (born 1928-1945) are 88% faith-affiliated, while Baby Boomers (born 1946-1964), are 82% faith-affiliated (Pew Research Center, 2019).

For some older victims, their religious faith is critical to their understanding of abuse, the decisions they make, and their pathway to healing. They may believe the abuse is due to their own sin, insufficient prayer, failure to follow customs/traditions, or condemnation by God/a higher power. These beliefs may limit the options some older victims perceive as available to them.

Some older victims may have also received messages from faith/spiritual leaders or their faith community that they are to blame for the abuse or that it would go against their belief system to leave an abuser. For some victims, ending a relationship with an abuser may mean being forced to leave their faith community, which is too great a loss to contemplate.

Systemic Barriers

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

- **Ageism:** Ageism or age-based discrimination, creates a culture that ignores and tolerates elder abuse and allows abuse of older adults to continue unabated. Age-based ideals regarding how an abuse victim should look and behave can shape the response to a victim disclosing abuse. Too often older adults are not believed when they report abuse because of ageist assumptions about dementia, and/or misconceptions about the dynamics of interpersonal violence, sexual assault, and stalking.
- **Ableism:** Ableism, the discrimination and social prejudice against people with disabilities or who are perceived to be disabled, also creates barriers for older victims. For example, service providers may wrongly assume an older victim who is Deaf or hard of hearing or has mobility issues is incompetent or helpless and treat them accordingly. Or, they may lack training on accessibility

practices such as interpreter services or ensuring physical access. This treatment can be humiliating and insulting to older victims and may cause them to withdraw from services.



- **Cultural Bias and a “One Size Fits All” Approach:** Traditional or mainstream services often don’t account for the ways that the older adult’s identity and background impact help seeking and healing. While mainstream organizations aim to serve people from all backgrounds, often their services and supports are not culturally responsive and do not adequately account for the historical and present day social and political context of the community and the subsequent strengths and challenges the population faces.

- **Inaccessibility and Lack of Tailored, Age-Relevant Services:** Older victims often have less information about services and resources than younger people and also have less access to them (Wilke & Vinton, 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 impede a comprehensive response to abuse in later life, leaving older adults without access to services and supports needed to improve their safety and well-being.

To learn more about responding to abuse in later life, please see other resource sheets in this series including [4: *Supporting Survivors of Abuse in Later Life*](#), and [5: *Working Together to Effectively Address Abuse in Later Life*](#).



To learn more about abuse in later life, please visit www.ncall.us.

This project was created by the National Clearinghouse on Abuse in Later Life in 2013 with support by Grant No. 2011-TA-AX-K022 and updated in 2023 with support by Grant No. 15JOVW-21-GK-02196-MUMU 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.

References

Beaulaurier, R. L., Seff, L. R., Newman, F. L., & Dunlop, B. (2006). Internal barriers to help seeking for middle-aged and older women who experience intimate partner violence. *Journal of Elder Abuse & Neglect*, 17(3), 53-74.

Beaulaurier, R. L., Seff, L. R., Newman, F. L., & Dunlop, B. (2007). External barriers to help seeking for older women who experience intimate partner violence. *Journal of Family Violence*, 22(8), 747-755.

Brandl, B., & Raymond, J. (2012). Policy implications of recognizing that caregiver stress is not the primary cause of elder abuse. *Generations*, 36(3), 32-39.

Brandl, B., Dyer, C. B., Heisler, C. J., Joanne Marlatt Otto, M. S. W., Stiegel, L. A., & Thomas, R. W. (2006). Elder abuse detection and intervention: A collaborative approach. Springer Publishing Company.

Davis, J., Block, K., Vera Institute of Justice, National Clearinghouse on Abuse in Later Life, & Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. (2020). Increasing Access to Healing Services and Just Outcomes for Older African American Crime Survivors: A Toolkit for Enhancing Critical Knowledge and Informing Action Within the Crime Victim Assistance Field. Annotation.

Hunter, A., Katzman, A. M., & Brandl, B. (2018). Partnering to Address Faith and Safety: A Guide for Faith Leaders and Domestic and Sexual Violence Service Providers to Assist Older Victims of Abuse. Safe Havens Interfaith Partnership Against Domestic Violence and the National Clearinghouse on Abuse in Later Life.

Litton, L. J., & Ybanez, V. (2015). Reclaiming what is sacred: Addressing harm to Indigenous elders and developing a tribal response to abuse in later life. Madison, WI: National Clearinghouse on Abuse in Later Life/End Domestic Abuse Wisconsin.

National Center on Elder Abuse, Safe Havens Interfaith Partnership Against Domestic Violence and Elder Abuse and the National Clearinghouse on Abuse in Later Life (2023). Bringing Together Faith and Safety for Older Adults: A Resource for Faith Communities and Faith Leaders.

National Center on Elder Abuse (2020). Research Brief: Mistreatment of African American Elders.

National Center on Elder Abuse (2020). Research Brief: Mistreatment of Latinx Older Adults.

National Center on Elder Abuse (2021). Research Brief: Mistreatment of Asian Pacific Islander (AAPI) Elders.

National Center on Elder Abuse (2021). Research Brief: Mistreatment of Chinese Elders.

National Center on Elder Abuse (2021). Research Brief: Mistreatment of Korean Elders.

National Center on Elder Abuse, SAGE, and APS Workforce Innovations (2023). LGBTQ+ Inclusive Intake + Engagement for Elder Justice Professionals.

National Clearinghouse on Abuse in Later Life (2011). Abuse in Later Life Power and Control Wheel. Madison, WI: National Clearinghouse on Abuse in Later Life/End Domestic Abuse Wisconsin.

National Clearinghouse on Abuse in Later Life (2020). Tech Safety + Older Adults. Madison, WI: National Clearinghouse on Abuse in Later Life/End Domestic Abuse Wisconsin.

Pew Research Center (2019). In U.S., Decline of Christianity Continues at Rapid Pace. Shepherd, B. F., & Brochu, P. M. (2021). How do stereotypes harm older adults? A theoretical explanation for the perpetration of elder abuse and its rise. *Aggression and Violent Behavior*, 57, 101435.

Whittaker, T. 1995. "Violence, Gender and Elder Abuse: Towards a Feminist Analysis and Practice." *Journal of Gender Studies* 4(1): 35–46.

Wiglesworth, A., Mosqueda, L., Mulnard, R., Liao, S., Gibbs, L., & Fitzgerald, W. (2010). Screening for abuse and neglect of people with dementia. *Journal of the American Geriatrics Society*, 58(3), 493-500.

Wilke, D. J., & Vinton, L. (2005). The nature and impact of domestic violence across age cohorts. *Affilia*, 20(3), 316-328.